

Name  
in  
Full

Joseph D. Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month July	Day 6 <sup>th</sup>	Year 21
Sex Male	Color or Race White	Birth-place Salisbury Md.	
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Name J. W. Adkins	Father's Birthplace Worcester Co. Md.
Mother's Maiden Name Annie Davis		Mother's Name	Mother's Birthplace Micomico Co. Md.
Name of person giving Information J. W. Adkins		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia Bronch

151

X

Immediate

Inflammation

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

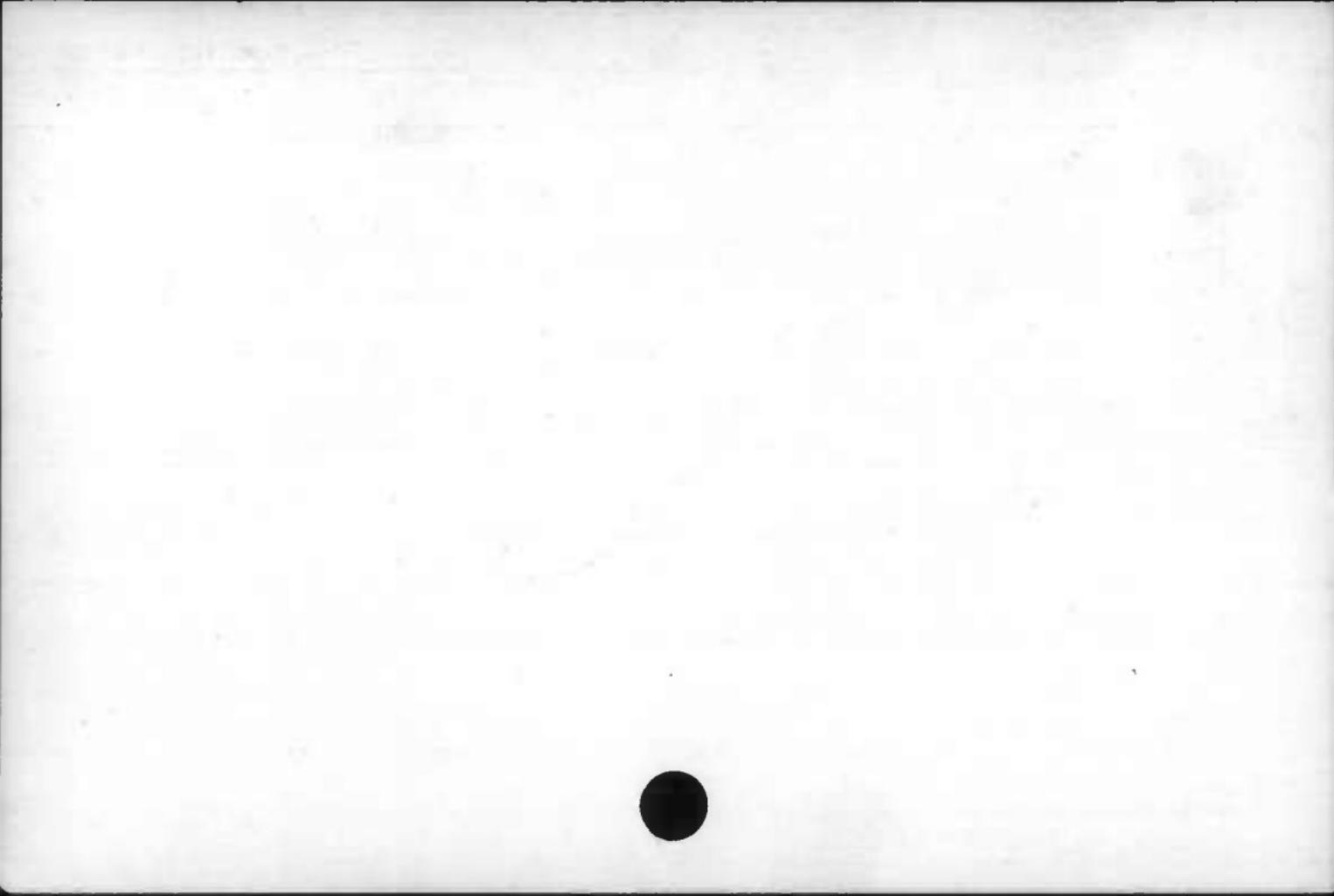
Address

Accident or Suicide

yes



Louis W. Econ' M.D.  
Salisbury Md.



Name  
in  
Full

Emory B Arvie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Salisbury		County	Maryland		
Date of death	Month	Day	Years	Months	Days	
1909	July	19	25	8	23	
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Laborer					
Married, Single	Where Residing if not at place of death					
Wife	near Parsonsbridge					
Father's Name	Norther Arvie					
Mother's Maiden Name	Elijah B Arvie					
Name of person giving information	Ellen Williams					
	Elijah B Arvie					

CAUSES OF DEATH

Primary: Itched foot (gum disease)  
Immediate: Tetanus

Are the name, age, sex, color, date and place correctly given above?

Yes

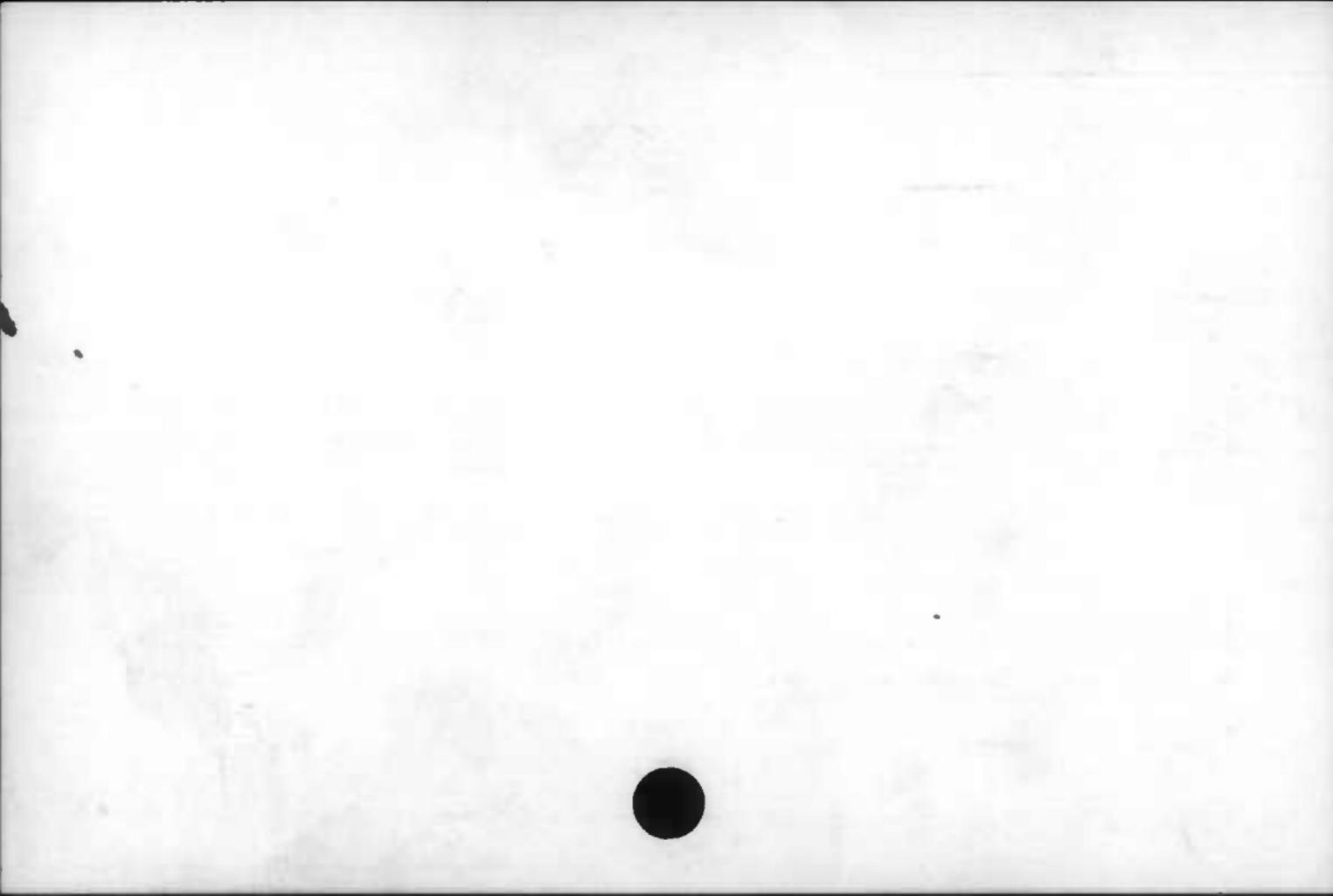
Signature of Physician

Address

Wm. W. Arvie  
Salisbury, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide: No



Name  
in  
Full

Margaret S Bracham

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Salisbury

County  
Wicomico

Date  
of death

Month  
July

Day  
25

Year  
—

MARYLAND

Months  
2

Days  
2

Age

Sex  
Female  
Occupation

Color or  
Race

White

Birth-  
place

Salisbury Ind  
Salisbury Ind

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Glen Mitchell

Father's  
Birthplace

Salisbury Ind

Mother's  
Maiden Name

Edna Bracham

Mother's  
Birthplace

Wicomico Ind

Name of person giving  
Information

Edna Bracham

How related  
to deceased

Mother

Primary

Sroke from birth

105

X

How long

Immediate

Diarrhoea

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr C R Truett  
Salisbury Ind

Accident or Suicide

PHYSICIAN  
OR CORONER

~~A~~



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month July	Day 10	Year 16	Months	Days 7
Sex	Female	Color	Race	Age	Birth-place	Delaware
Occupation	Housewife	Where Residing if not at place of death			Salisbury Md.	
Married, Single or Widowed	Single	Name of Wife or Husband			John A. Bullock	
Father's Name	Alice Bennett			Father's Birthplace		Maryland
Mother's Maiden Name	Alice Bennett			Mother's Birthplace		Delaware
Name of person giving information	Alice Bullock			How related to deceased		Mother

CAUSES OF DEATH

27 X

Primary

Pulmonary tuberculosis

Immediate

Suhayatin

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

as I know

Accident or Suicide

No

(Over)

This patient had been under  
care of another physician and  
I was called in (while passing  
her home), when she was dying.  
I have never seen her before,  
or since to-day -

J. M. Martin

Name  
in  
Full

No Name, Bounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Whayland, Wisconsin

MARYLAND

Date of death

1909

Month

July

Day

18

Years

Age

Months

2

Days

2

Sex

Female

Color or Race

White

Birth-place

Whayland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Ernest Bounds

Father's Birthplace

Whayland

Mother's  
Maiden Name

May B. Bounds

Mother's Birthplace

Name of person giving  
Information

Ernest Bound

How related  
to deceased

Father

CAUSES OF DEATH

Primary

71

long

Immediate

Convulsions

How long

A few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

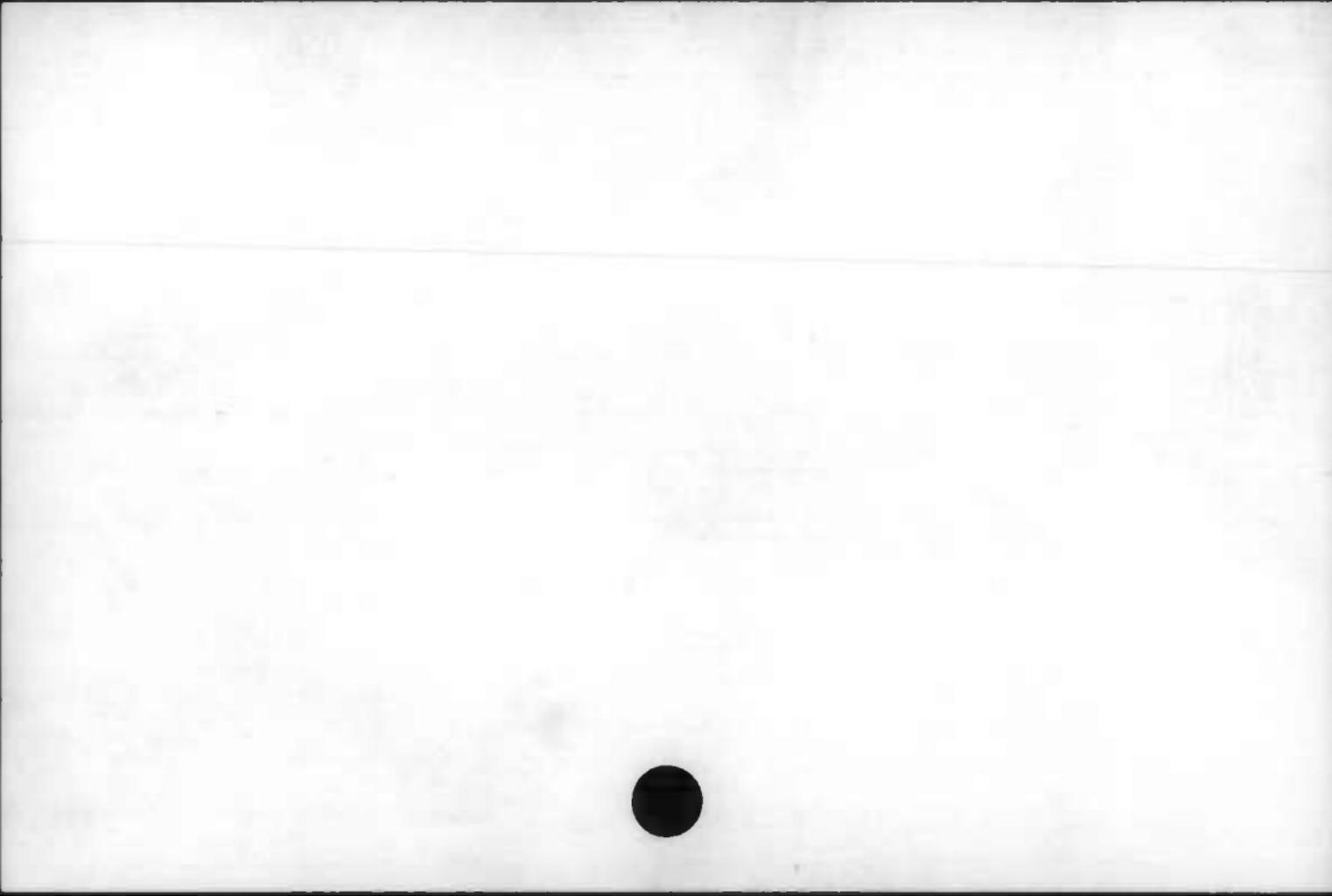
Signature of  
Physician

Address

Dr C R Truett  
Salisbury  
J W G

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Wesley Brenington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
Sex	Color or Race	Age	Day
Occupation	Where Residing if not at place of death		
Married or Widowed	Name of Wife or Husband	Father's Birthplace	McL
Father's Name	Blaze Brenington	Mother's Birthplace	McL
Mother's Maiden Name	Willie Brenington	How related to deceased	Nephew
Name of person giving Information	John W Brenington	106	X
CAUSES OF DEATH			
Primary	Extric fever		
Immediate	For 6 days		

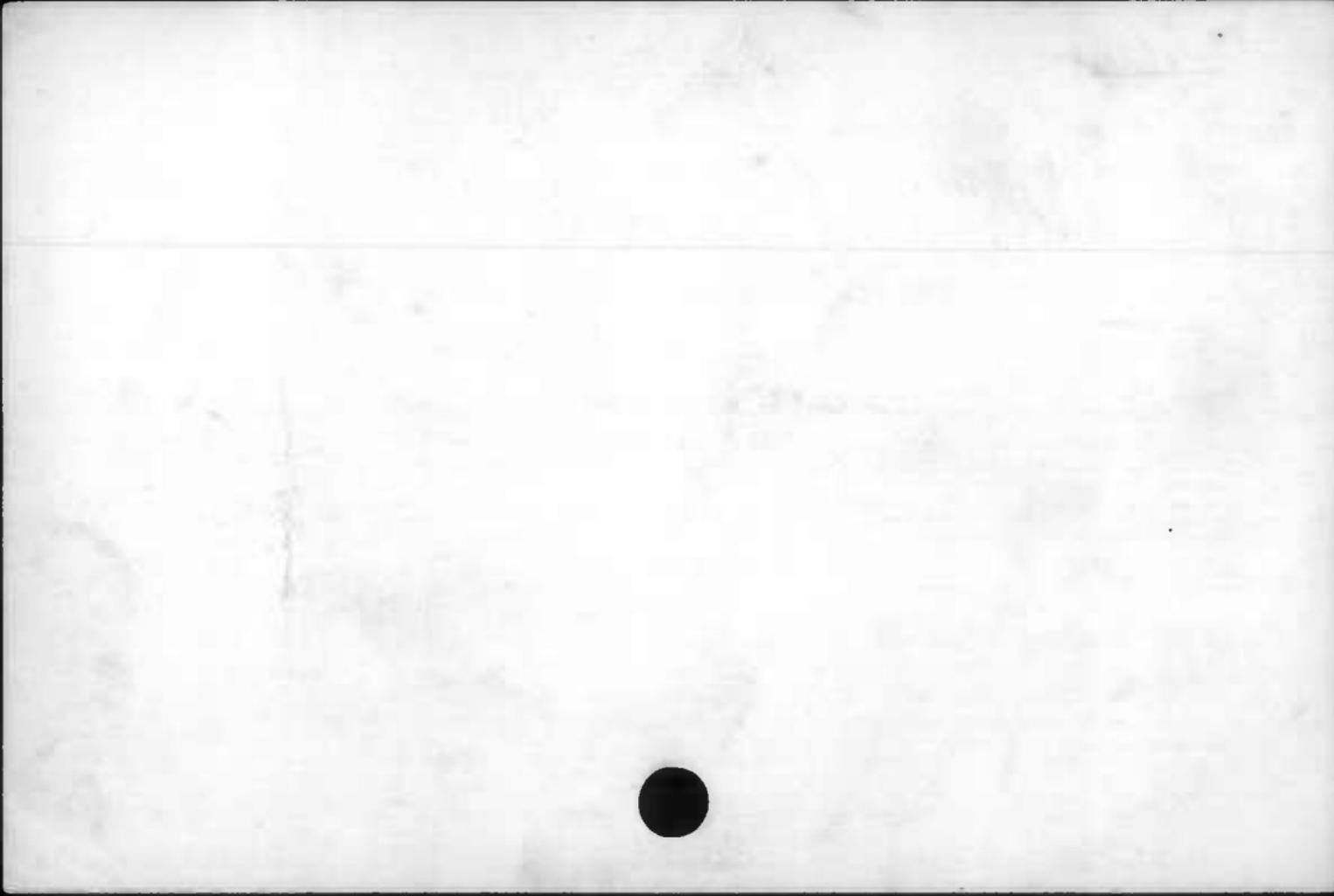
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



**Name  
in  
Full**

## **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Sam'l James Conway				CERTIFICATE OF DEATH			
Town		County					
Died at White Haven		Wisconsin Co.		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1909	July	19	53	11	13		
Sex	male	Color or Race	Colored	Birth-place	White Haven		
Occupation	farmer		Where Residing if not at place of death	White Haven			
Married, Single or Widowed	married	Name of Wife or Husband	Laura Conway	Father's Birthplace	White Haven		
Father's Name	Moses Conway			Mother's Birthplace	White Haven		
Mother's Maiden Name	Julia Ballard			How related to deceased	Daughter		
Name of person giving Information	Laura Wilson						

## **CAUSES OF DEATH**

PHYSICIAN  
OR CORONER

## Primary

# Panlysias

#### **Immediate**

## Conclusion

Are the name, age, sex, color, date  
and place correctly given above?

**Signatures of  
Physician**

### Address

### Accident or Suicide

66

## ~~How long~~

3

## How long

12

16

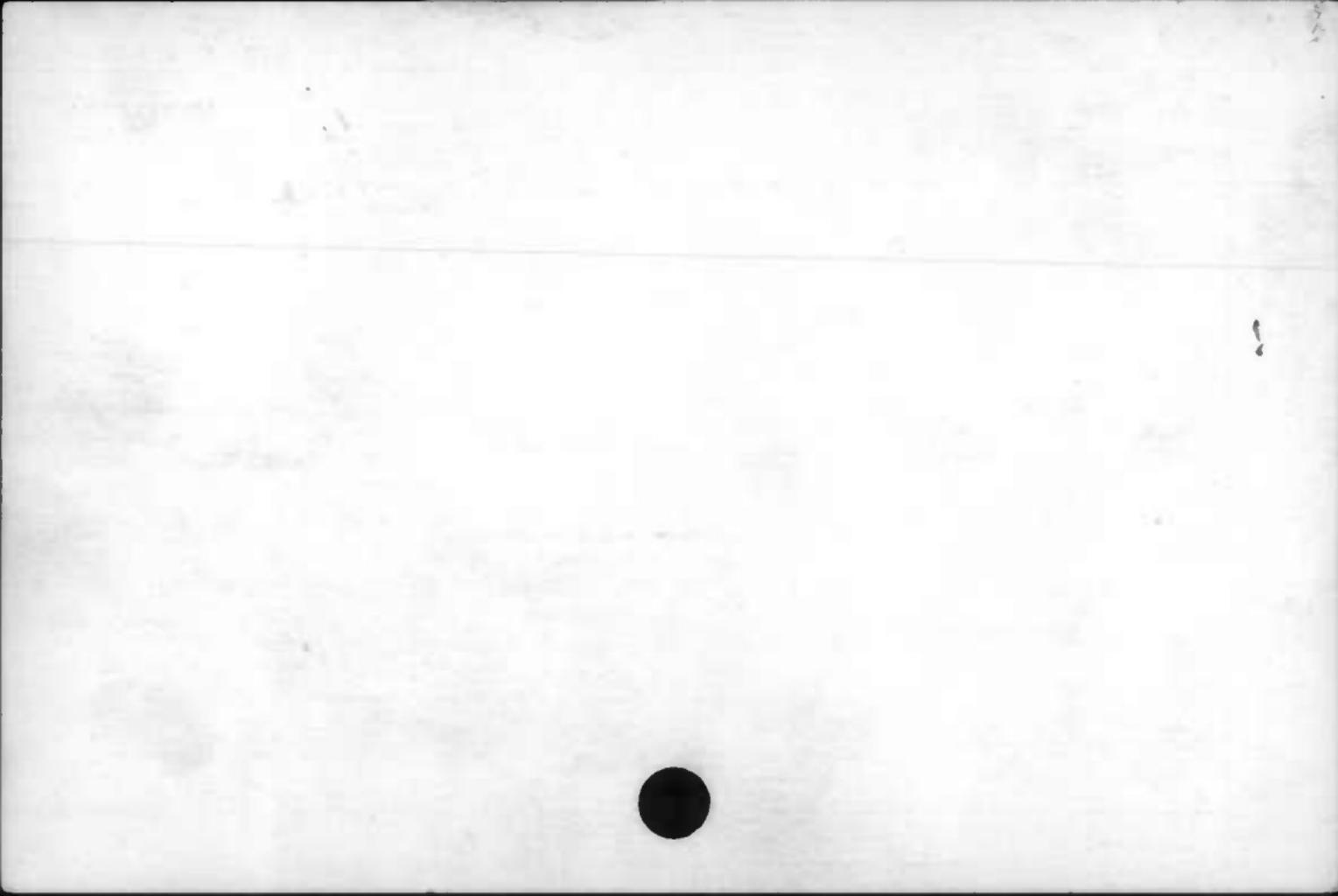
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321



Name  
in  
Full

Infant Child Colman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Quainton      Town      County      MARYLAND  
Date of death 1909      Month      Day      Years      Months      Days  
Age 7      Birth-place Quainton Md  
Sex Female      Color or Race Col  
Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Alfred Colman

Father's  
Birthplace

Quainton Md

Mother's  
Maiden Name

Christy Dashields

Mother's  
Birthplace

Mardela Md

Name of person giving  
Information

Mother of child

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera infantum

105

How long

24 hrs

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

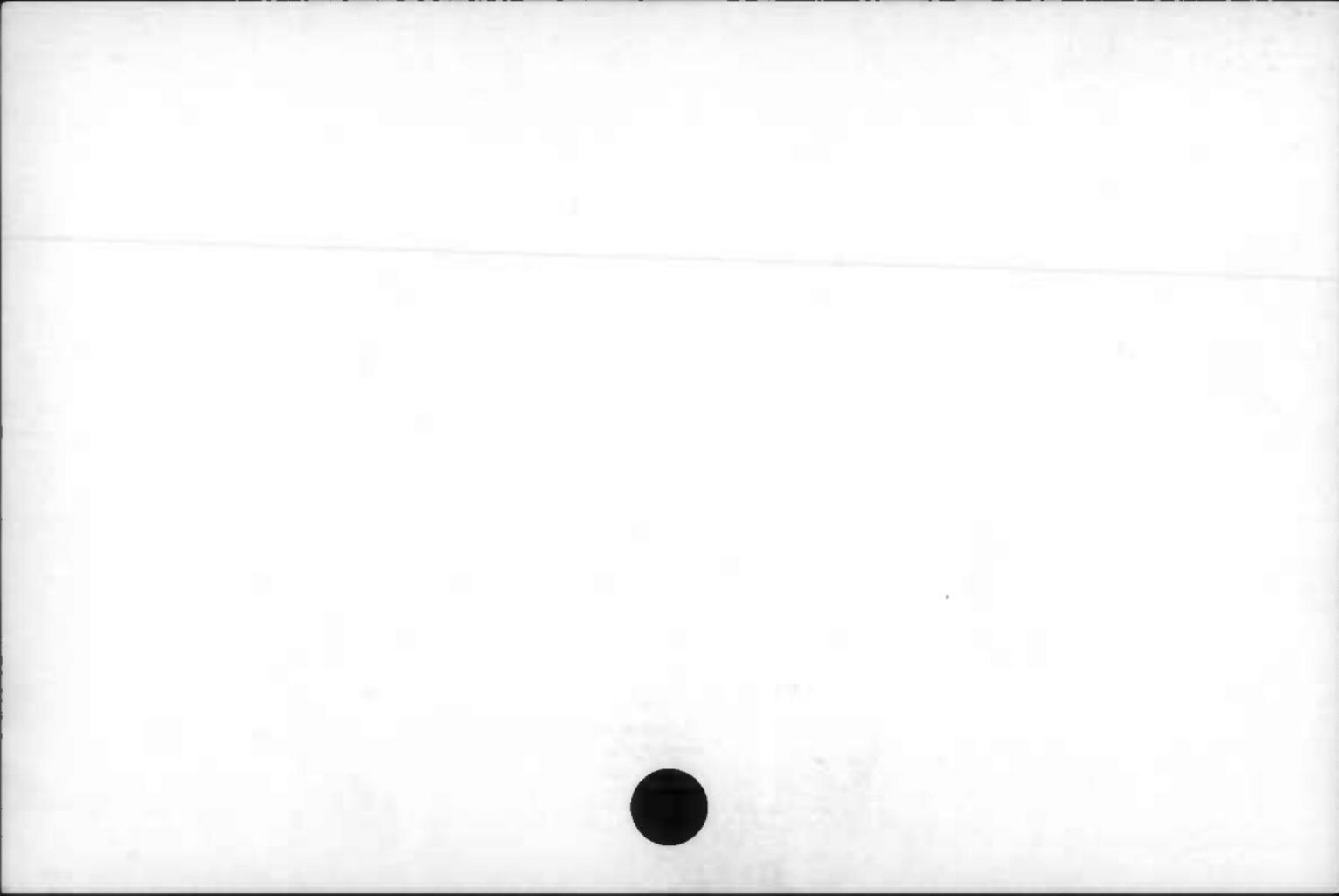
Signature  
Physician

Address

Isaac English coroner,  
Mardela Springs  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sherman Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	19
Occupation	Mariner	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	George, Dashiell			
Mother's Maiden Name	Elijah Watson			
Name of person giving Information				

CAUSES OF DEATH

Primary

Pneumonia  
Heart failure

93

How long

Immediate

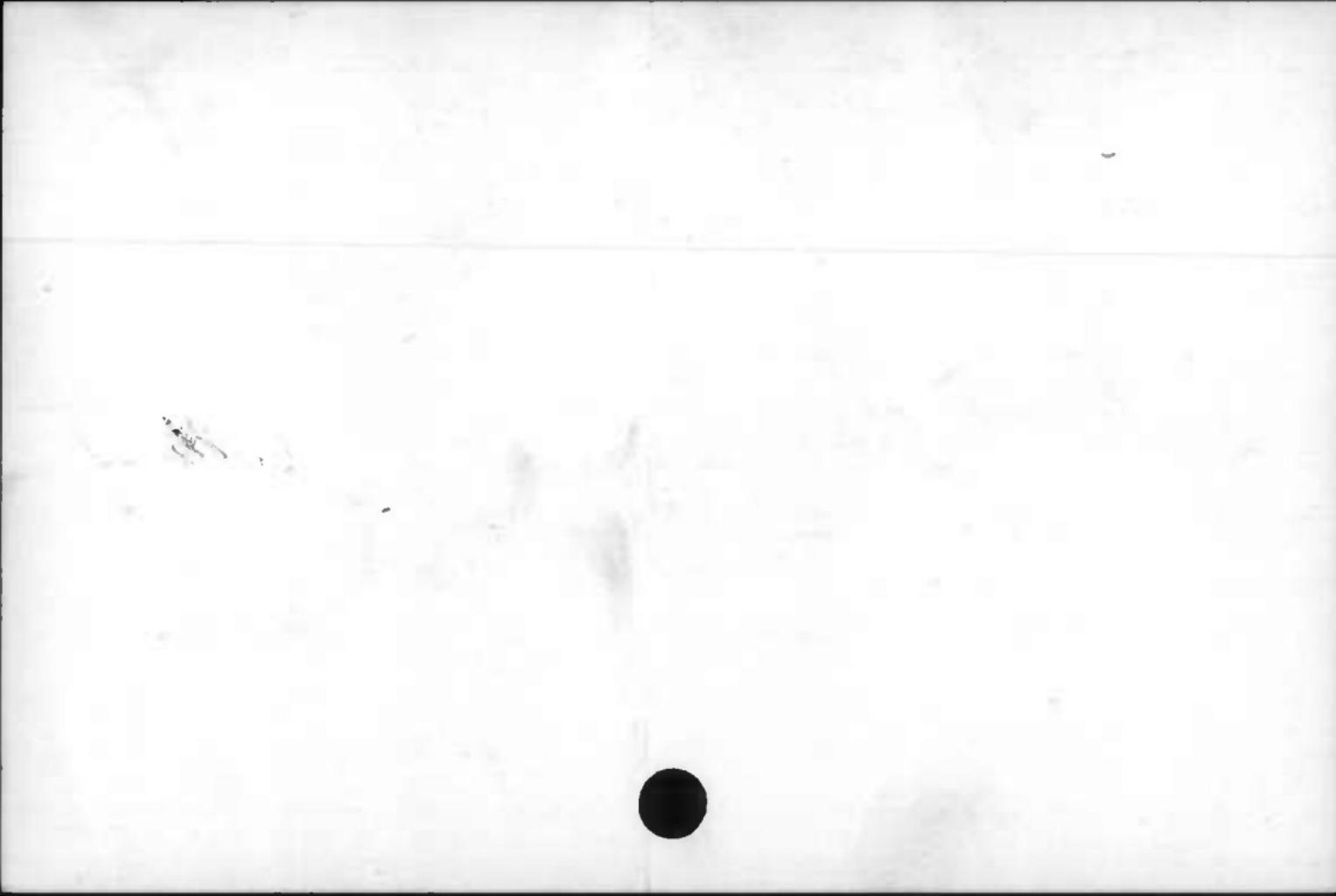
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Sawmuel Dornan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Salisbury</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>10</u>	Age <u>52</u>	Months	Days
Sax <u>Male</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death		<u>Philadelphia Pa.</u>	
Occupation <u>Bell Boy</u>			<u>Philadelphia Pa.</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>	Father's Name <u>Daniel F. Dornan</u>	Father's Birthplace <u>Penns<sup>a</sup></u>		
Mother's Maiden Name <u>Louisa Stevensons</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Louisa Backus</u>		How related to deceased	<u>Mother</u>		

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Don't know

Immediate

Second Invasion & heart failure slow walk

How long

Are the name, age, sex, color, date and place correctly given above?

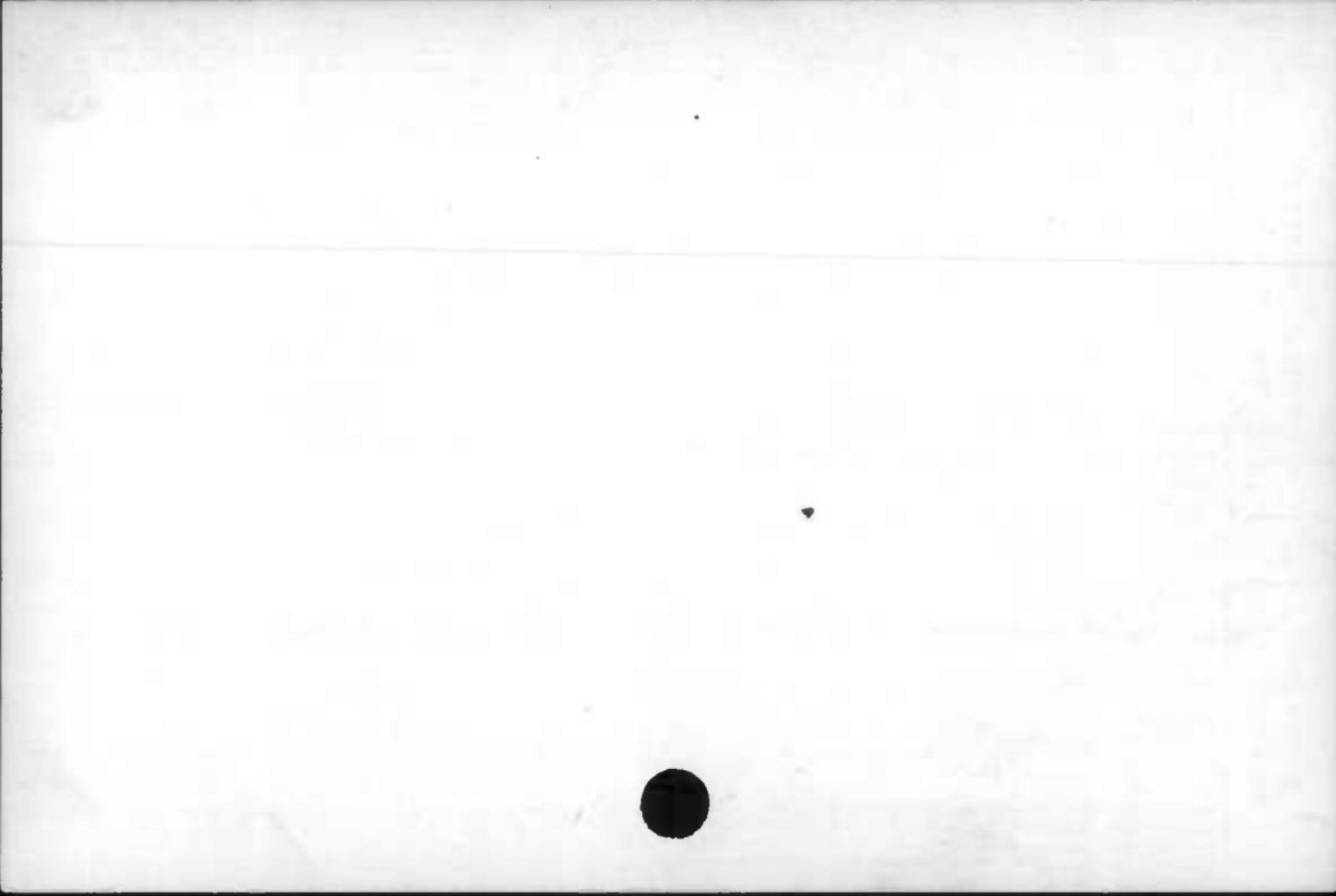
Signature of Physician

Address

Louis W. Brown 'MD,

Baltimore Md.)

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Salisbury

County

Wicomico

MARYLAND

Date  
of death

Month

Day at

Years

1909

July

31<sup>st</sup>

Age

73

Months

Days

Sex  
Occupation

Color or  
Race

Female  
Housekeeper

White

Birth-  
place

Worcester Co., Md.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Widow

James J. Duffy

Father's  
Birthplace

Worcester Co., Md.

Father's  
Name

Isaac Shockley

Mother's  
Maiden Name

Nancy Ward

Mother's  
Birthplace

Name of person giving  
Information

Charles E. Duffy

How related  
to deceased

son

106

How long

several years

How long

not stated

Primary

Anæmia chronic diarrhoea

Immediate

Inunction

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

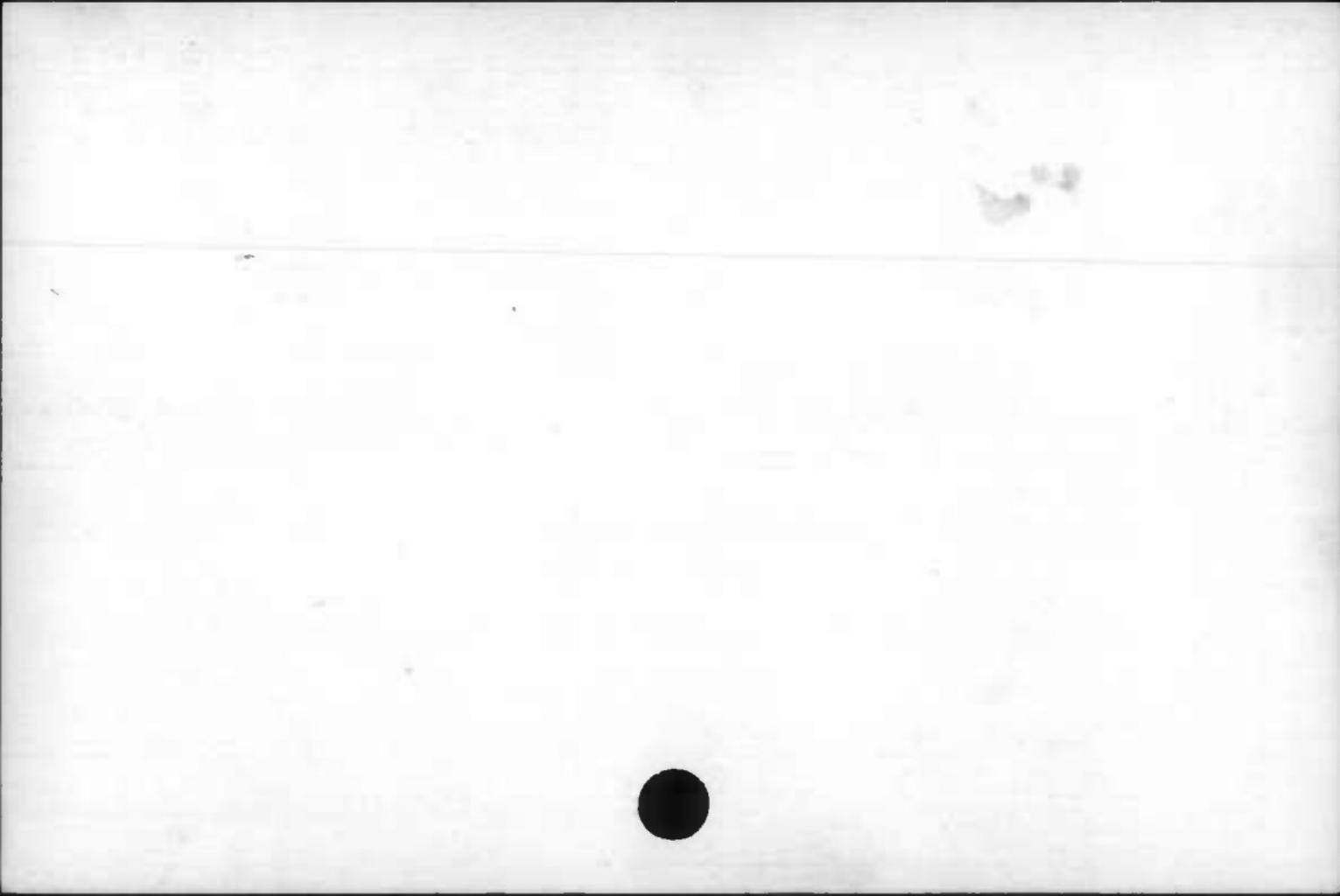
Address

Louis Wren MD

(Relatives)

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Christopher E Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury

County

Date of death 190 Month July

Day

Years

Months

Days

20

58

2

18

Age

Sex male

Color or  
Race

White

Birth-  
place

Md

Occupation

Sailor

Where Residing if not  
at place of death

Married, Single,  
or Widowed

Name of Wife or  
Husband

Ballie J Fields

Father's  
Birthplace

Md

Father's  
Name Levi Fields

Mother's  
Birthplace

Md

Mother's  
Maiden Name Mary Adams

Name of person giving  
Information

Ballie J Fields

How related  
to deceased

wife

CAUSES OF DEATH

178.

Primary

Died suddenly

How long

1/2 hour

Immediate

Armed when discovered

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

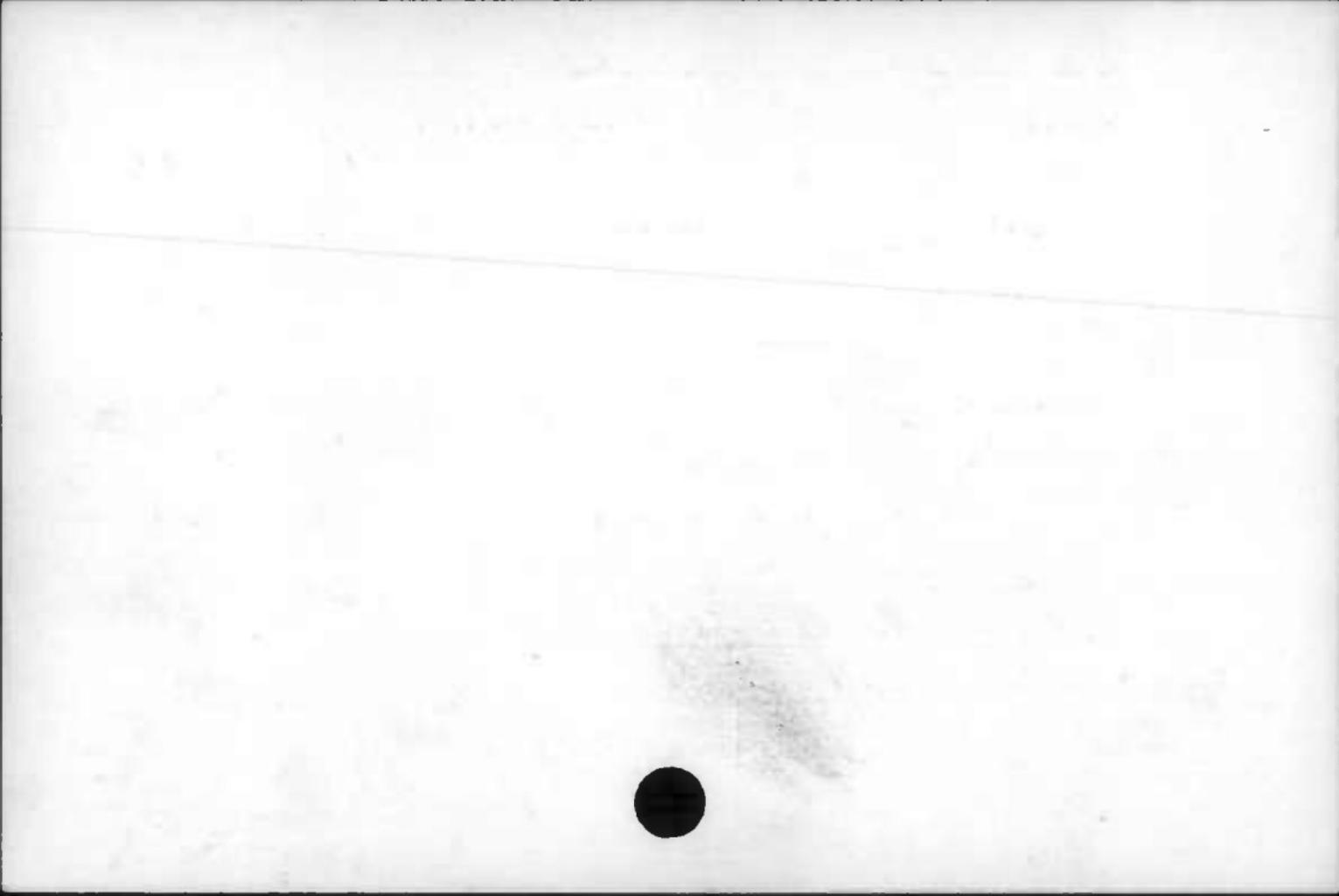
Signature of  
Physician

Address

Dr. W. George Md.  
Ballie J Fields

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Walter F. Greenway

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at New Mexico

McComick

Days

Month

Day

Years

Months

10

Date  
of death 190

Age

7

Days

Sex male

Color or  
Race

white

Birth-  
place

Md

Occupation

Infant

Where Reiding if not  
at place of death

McComick Co

Married, Single  
or Widowed

Infant

Name of Wife or  
Husband

Stone

Father's  
Birthplace

Md

Father's  
Name

Alfred F. Greenway

Mother's  
Birthplace

Md

Mother's  
Maiden Name

Sallie M. Parker

How related  
to deceased

Father

Name of person giving  
Information

Alfred F. Greenway

How related  
to deceased

Father

CAUSES OF DEATH

105

How long

X

Primary

Gastro-intestinal infection 2 or 3 weeks

How long

Immediate

Toxemia & Denutrition

2 or 3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

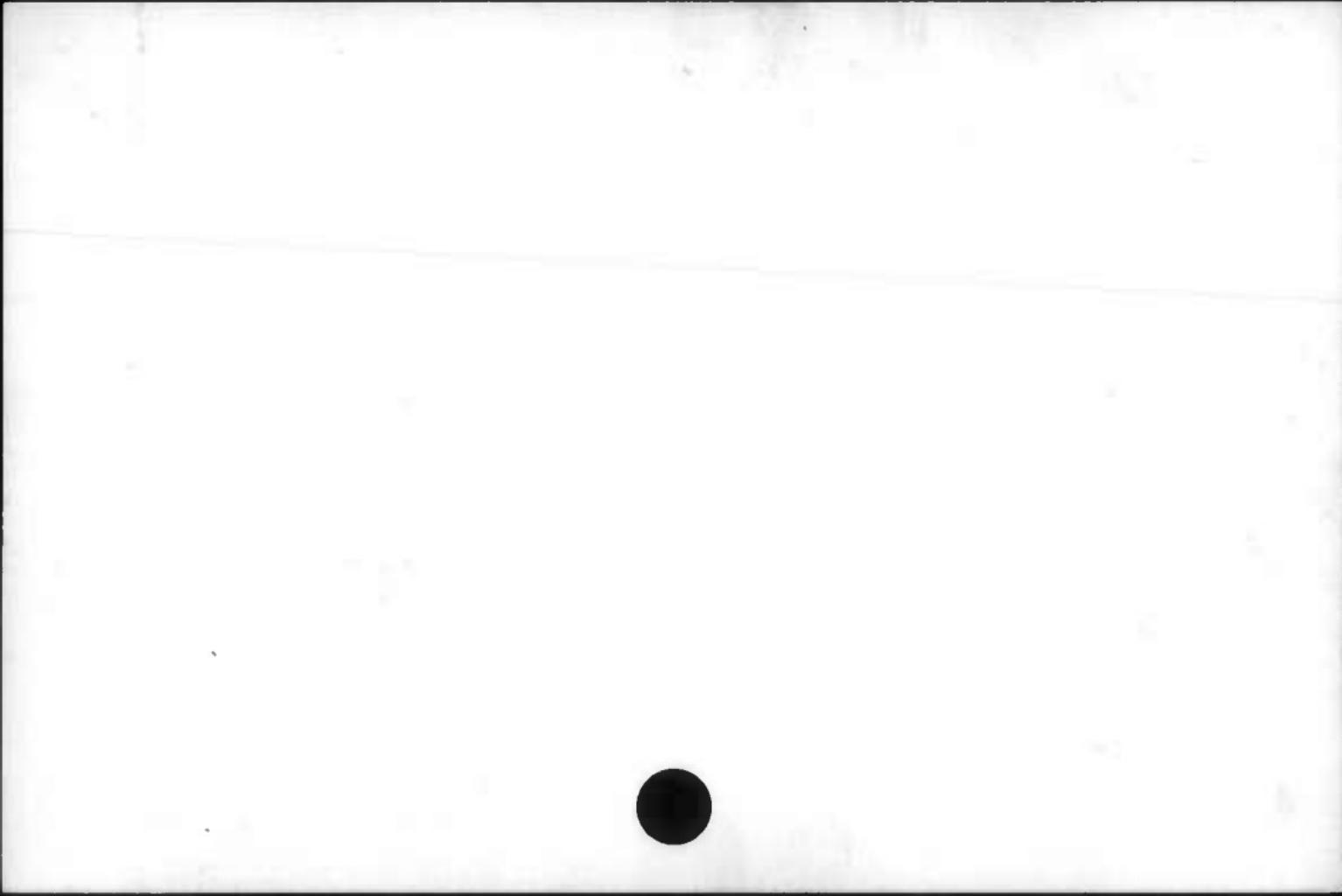
yes

Signature of  
Physician

Address

Louis W. Morris M.D.  
Shady Md

Accident or Suicide



Name  
in  
Full

Vance E Gordy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND		
Diad et	Salisbury	Wicomico				Days
Date of daath	1909 July	Month	Day	Age	15	9 Months
Sex	male	Color or Race	white	Birth- place	Del	
Occupation	Farming	Where Residing if not at place of death			new Laurel	Del
Married, Single Widowed		Name of Wife or Husband				
Father's Name	Elvin E Gordy			Father's Birthplace	Del	
Mother's Maiden Name	Mary O'V Lynch			Mother's Birthplace	Del	
Name of person giving Information	William E Gordy			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Pistol wound of back

Immediate  
Tetanus

Are the name, age, sex, color, date  
end piece correctly given above?

Yes  
as I know

Accident or Suicide

Signature of  
Physician

Address

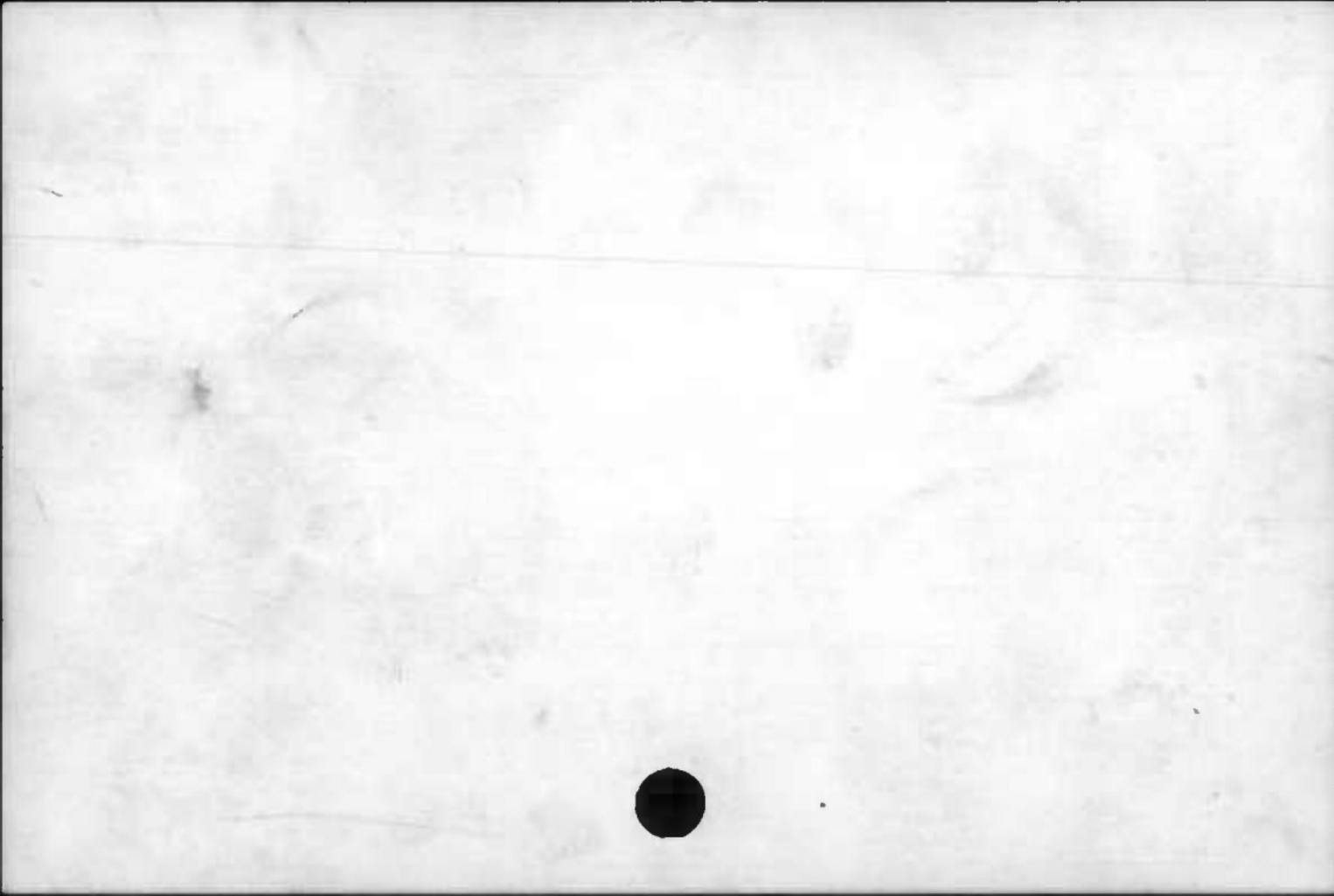
72

X

7 days

3 days

McGinnis  
Salisbury Del



Name  
in  
Full

Sarah E. Goslee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Diad at Salisbury (P.G. Hospital) Wicomico

MARYLAND

Date Month Day Year Months Days  
of daath 1909 July 2 36 9 10

Sex Female Color or Race White Birth-place Wicomico Co. Md.

Occupation

Houswife

Where Residing if not  
at place of daath

Near Quantico Md.

Married, Singla  
or Widewed Married Name of Wife or Husband

Geo. W. Goslee

Father's Name William Majors

Father's Birthplace Wicomico Co. Md.

Mother's  
Maidan Name Hester Russell

Mothar's Birthplace " "

Name of person giving  
Information Mary E. Jenkins

How relatad  
to deceased None

CAUSES OF DEATH

Primary

Sepsis from Sulphurated gall-bladder 2 weeks

How long

Immediate

Exhausion from vomiting

How long

Are the name, age, sex, color, date  
and place correctly given above ?

Signature of  
Physician

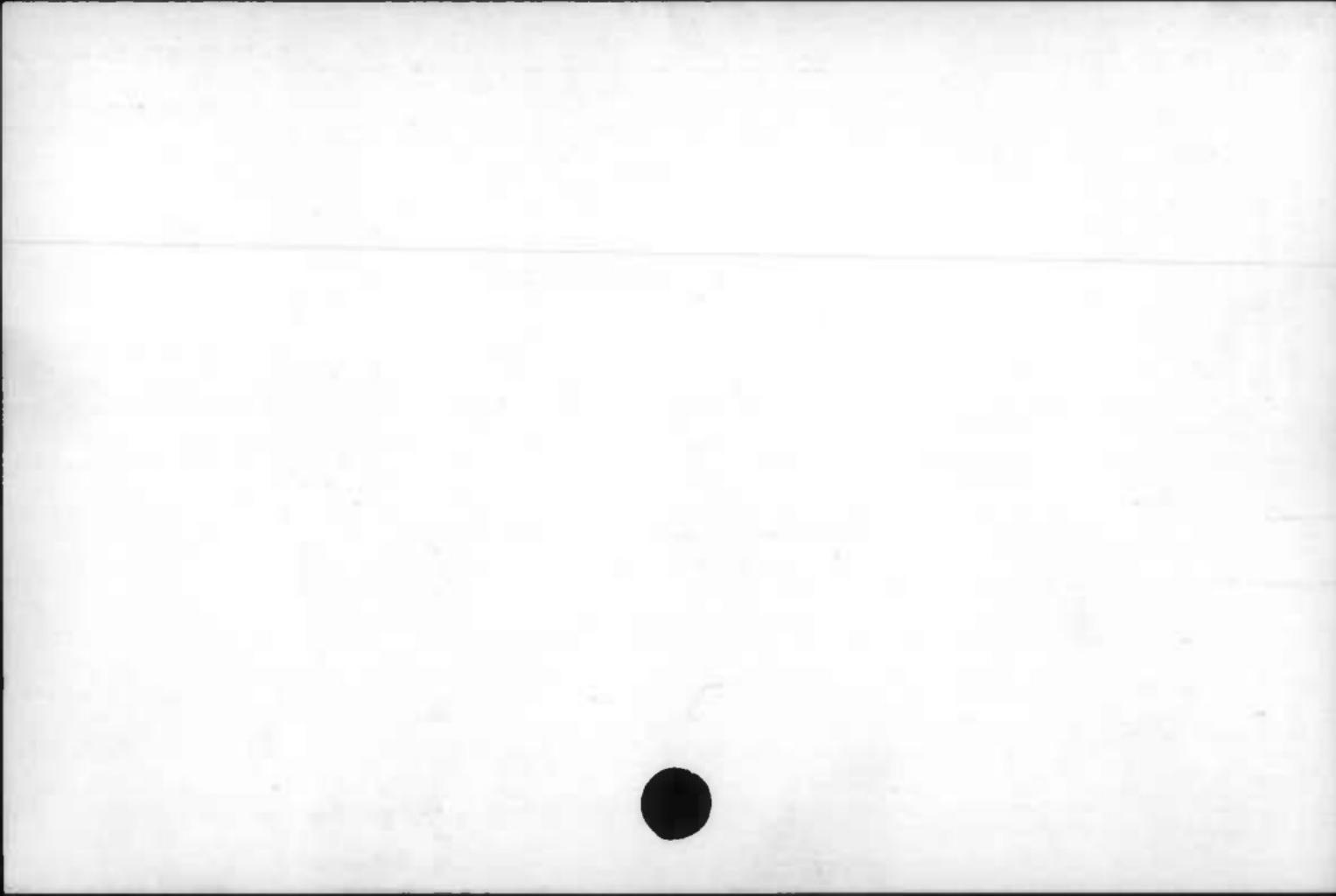
Unknown

Address

Accident or Suicida

m.

D. M. D.  
Salisbury Md



Name  
in  
Full

Alice V Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Hear Attuel Town Wicomico County

MARYLAND

Date of death 1909 Month 7 Day 27 Age 7 Years

Months \_\_\_\_\_ Days \_\_\_\_\_

Sex Female

Color or Race

White

Birthplace

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's Name

Willie Green

Father's Birthplace

Maryland

Mother's Maiden Name

Jacquie, Ryan

Mother's Birthplace

Dil  
Father

Name of person giving  
Information

Willie, Green

How related  
to deceased

Primary

Brain-hemorrhage

CAUSES OF DEATH

105

X

Immediate

Hemorrhage on board

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Iraad L. English Coronae  
Mardela Springs  
Md

Accident or Suicide



Name  
in  
Full

Lillian E. Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rockawalkin Meconia County MARYLAND  
Date of death 1909 Month July Day 28 Age 15 Years 11 Months 16 Days  
Sex Female Color or Race Colored Birthplace Md  
Occupation Housework Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harry Handy

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary West

Mother's  
Birthplace

Md

Name of person giving  
Information

Harry Handy

How related  
to deceased

Father

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

How long

3 Months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

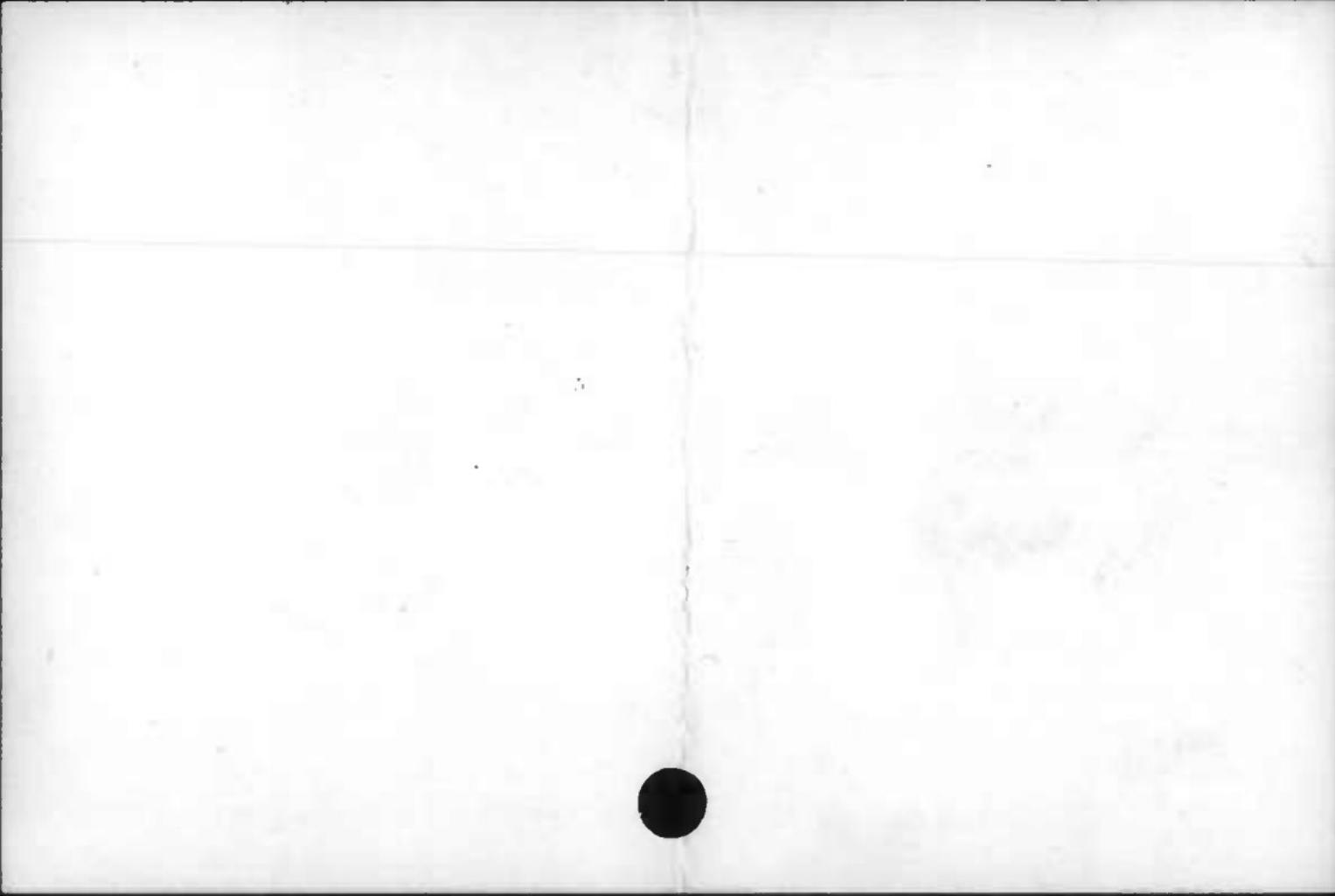
H. C. Comaway

PHYSICIAN  
OR CORONER

Address

Hebron  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Myrie Humphreys  
Died at Salisbury, Wicomico  
Date of death 1909 July 13 Age 22  
Sex Female Color or Race White  
Occupation Housework Where Residing if not  
at place of death

CERTIFICATE OF DEATH

MARYLAND

Months Days

Married, Yes  
Midwife

Name of ~~Husband~~ or  
Husband

Father's Name

George R Humphreys  
Charles Campbell

Father's Birthplace

Mother's Maiden Name

Norsie Wells

Mother's Birthplace

Name of person giving  
Information

George N Humphreys

How related  
to deceased

Primary

Typhoid fever  
exanthes

How long

Immediate

YES

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. H. Todd  
Salisbury  
Md

Accident or Suicide

名



Name  
in  
Full

George H. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Parsonsbury County St. Mary's MARYLAND

Died at Date Month Day Age Years Months Days  
of death 1909 July 8 77 one 30

Sex male Color or Race white Birth-place Parsonsbury Md.

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Argentina Hall

Father's Name Bradley Jackson Father's Birthplace Parsonsbury Md

Mother's Maiden Name Elisabeth Hastings Mother's Birthplace Debnar Del

Name of person giving Information Dr. Geo. H. Price How related to deceased Friend

PHYSICIAN  
OR CORONER

Primary

Probably apoplexy  
Exhausted vitality

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

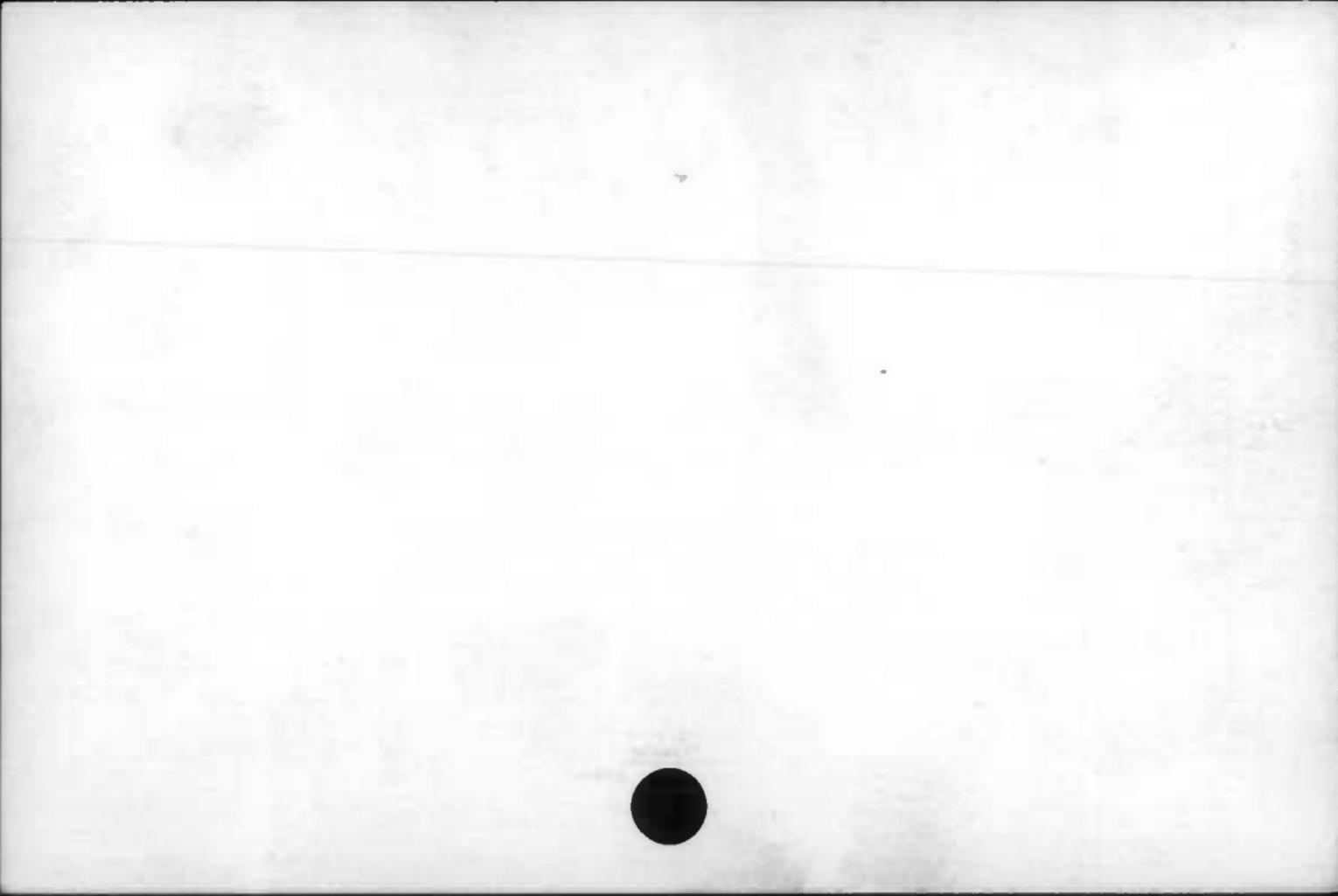
Signature of Physician

Address

Dr. Geo. H. Price  
Parsonsbury  
Maryland

Accident or Suicide





Name  
in  
Full

Margaret E Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Salisbury	Wicomico	
Date of death	Month Day	Month Day
190	July 27	7
Sex	Color or Race	Age
Female	white	7
Occupation	Where Residing if not at place of death	Birth-place
	Stanton Del	Del
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Single	William L Jacobs	Del
Mother's Maiden Name	Margaret Dryden	Mother's Birthplace
Name of person giving Information	William L Jacobs	How related to deceased
		Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enter Colitis  
Exhaustion

105

Immediate

xx  
xx

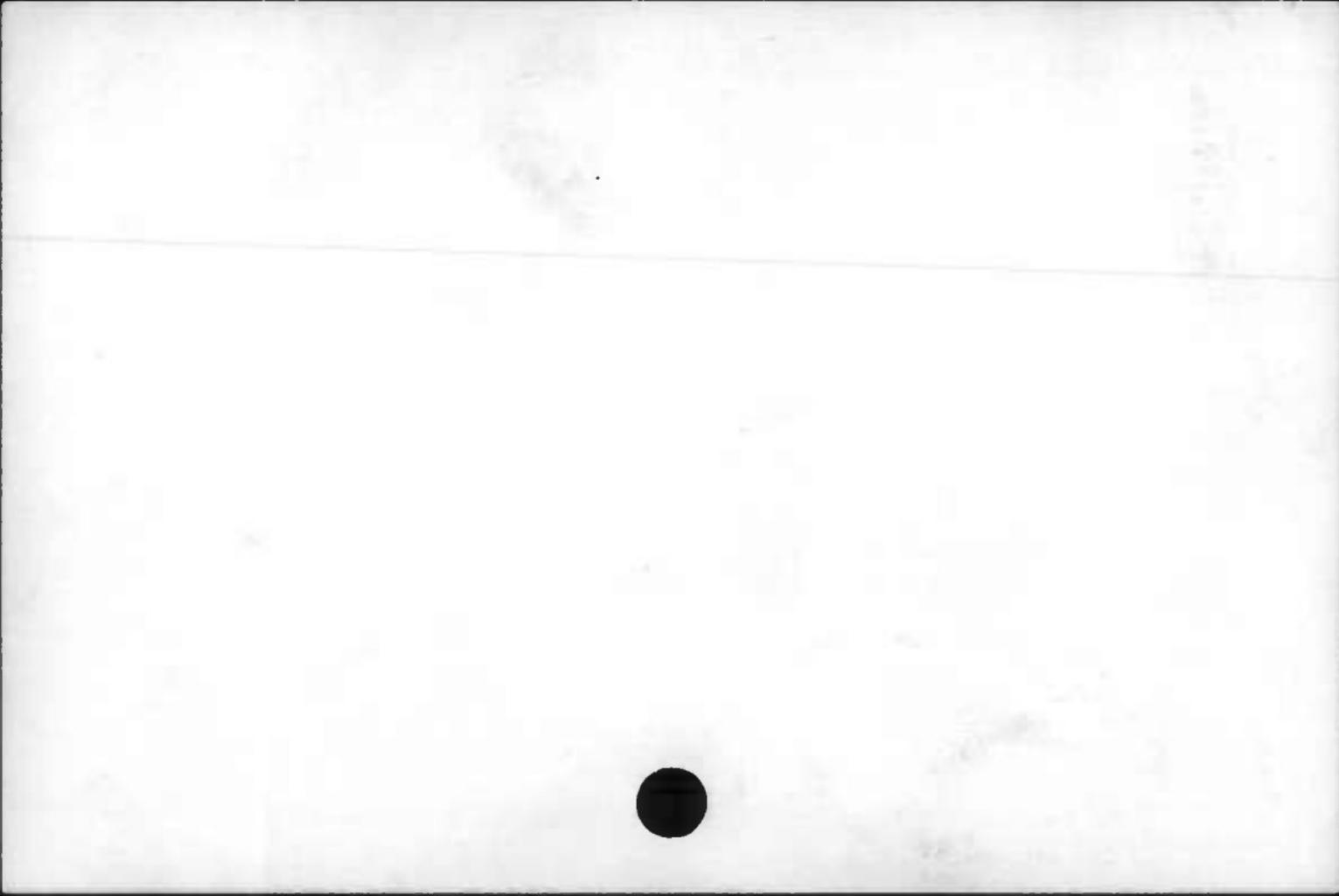
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Gro. H. Todd  
Salisbury  
Md



Name  
in  
Full

Infant - Not Named Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Near Eden	Wicomico		
Date of death	Month	Day	Years
1909	July	30 <sup>th</sup>	Age
Sex	Color or Race	Months	Days
Female	White	—	1
Occupation	Where Residing if not at place of death	Birthplace	
None	Wicomico Co. Md.		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Near Eden Md.
Single	None		
Father's Name	Oscar Jones	Mother's Birthplace	" " "
Mother's Maiden Name	Mary Snelling		
Name of person giving Information	W. B. Foxwell	How related to deceased	None

CAUSES OF DEATH

179 X

How long

child since

How long

Primary

Has it seen the

Immediate

the hour of its birth - It

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

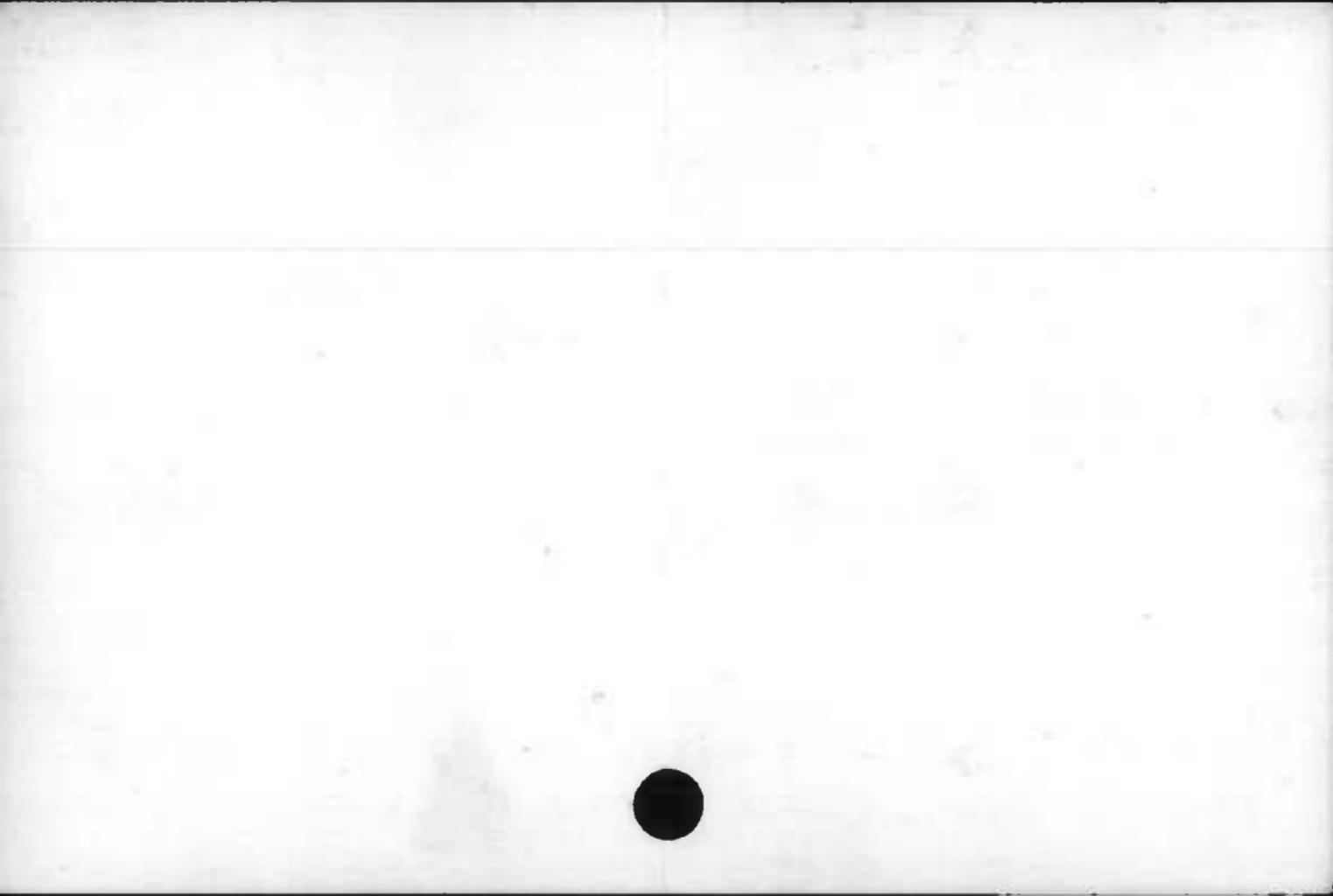
Address

PHYSICIAN  
OR CORONER

Seemed all

Accident or Suicide

right



Name  
in  
Full

Ellen N. Joseph  
Westergaen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	July	21st	Age 55 -
Sex	Color or Race	Birth-place	Months Days
Female	colrd	Maryland	
Occupation	Where Residing if not at place of death		
Kaushafer	Westergaen		
Married, Single or Widowed	Name of Wife or Husband		
Married	Alexandra Joseph	Father's Birthplace	
Father's Name	Sidney Hull		
Mother's Maiden Name	Mary Horsey	Mother's Birthplace	
Name of person giving Information	Alexandra Joseph	How related to deceased	Husband

CAUSES OF DEATH

Primary

Pulmonary Embolism Survival year  
Pneumonia 2 da.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

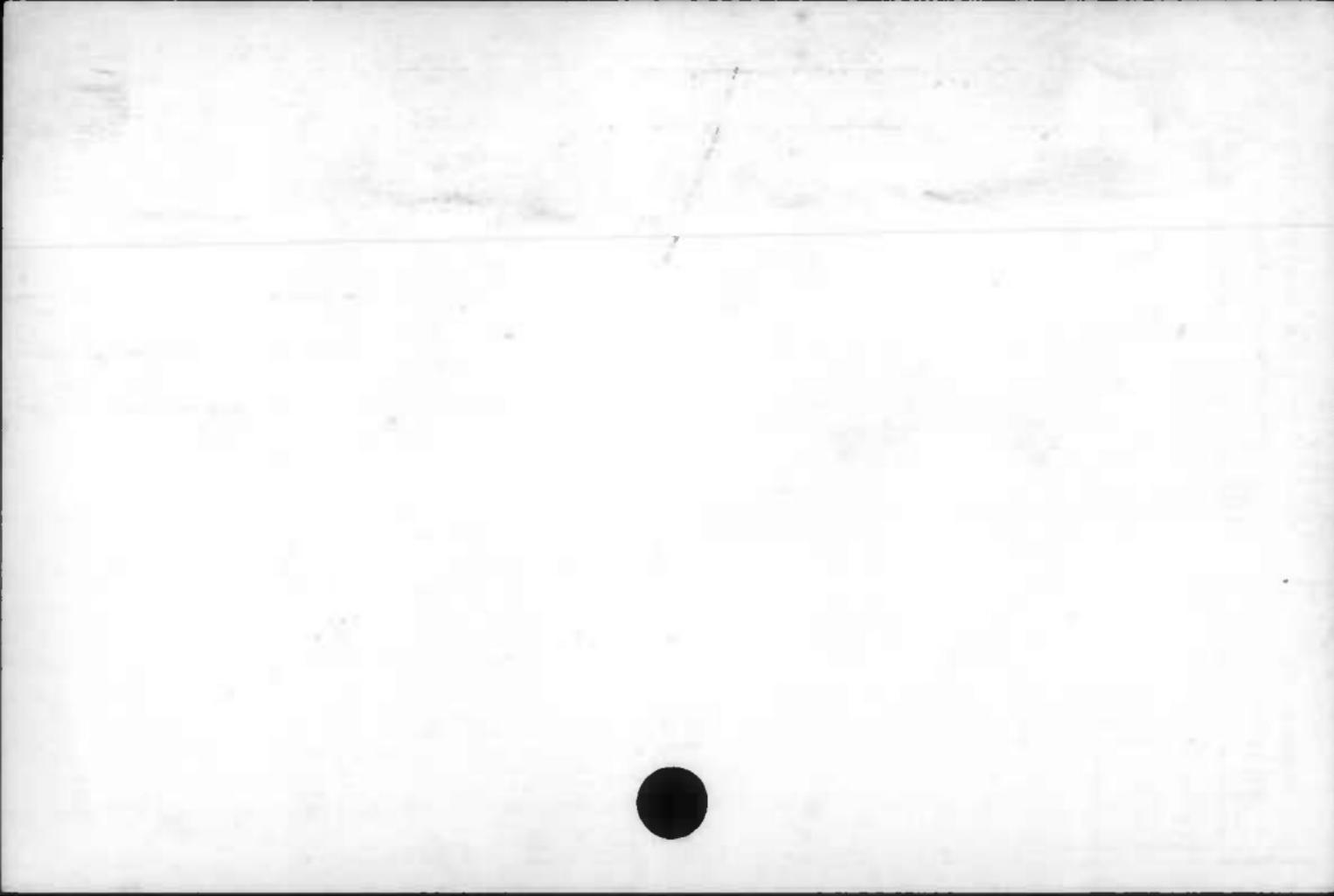
27

How long

How long

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Irene Elizabeth Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Fruitland

County

MARYLAND

Date of death 1909 Month July

Day 23<sup>rd</sup>

Years

Month

Days

Age

5

9

Sex Female

Color or Race

White

Birth-place

Washington D. C.

Occupation

None

Where Residing if not  
at place of death

At Washington D. C.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's Birthplace

Anne Arundel Co., Md.

Father's Name Samuel N. Kidwell

Mother's Maiden Name

Melvina E. Hayman

Mother's Birthplace

Virginia

Name of person giving  
Information

Mrs. Asbury Hayman

How related  
to deceased

None

CAUSES OF DEATH

Primary

No Doctor

179

How long

Immediate

Don't

How long

Are the name, age, sex, color, date  
and place correctly given above?

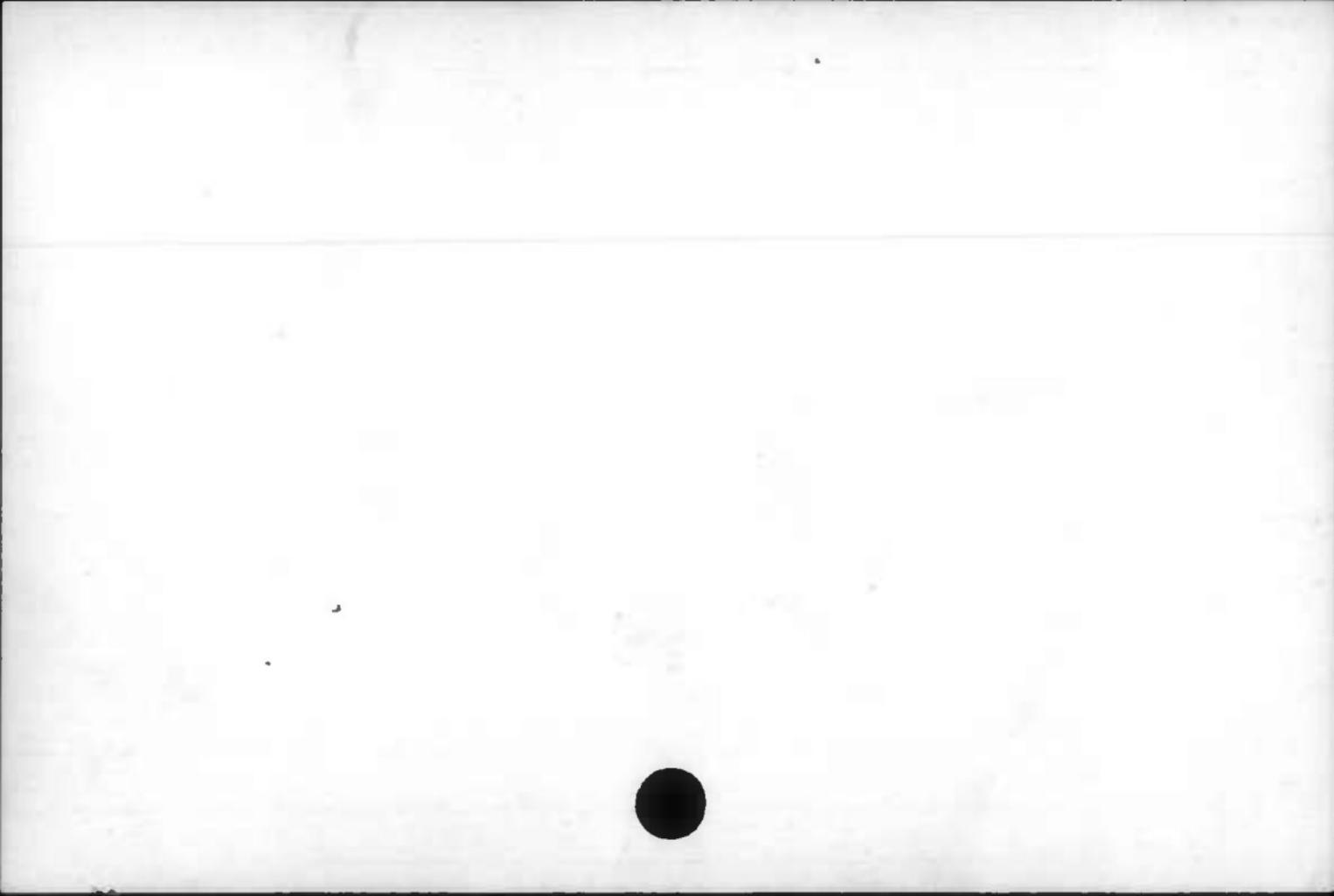
Signature of  
Physician

Address

W. A. Gade, Jr. M.D.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Alfred Lafield

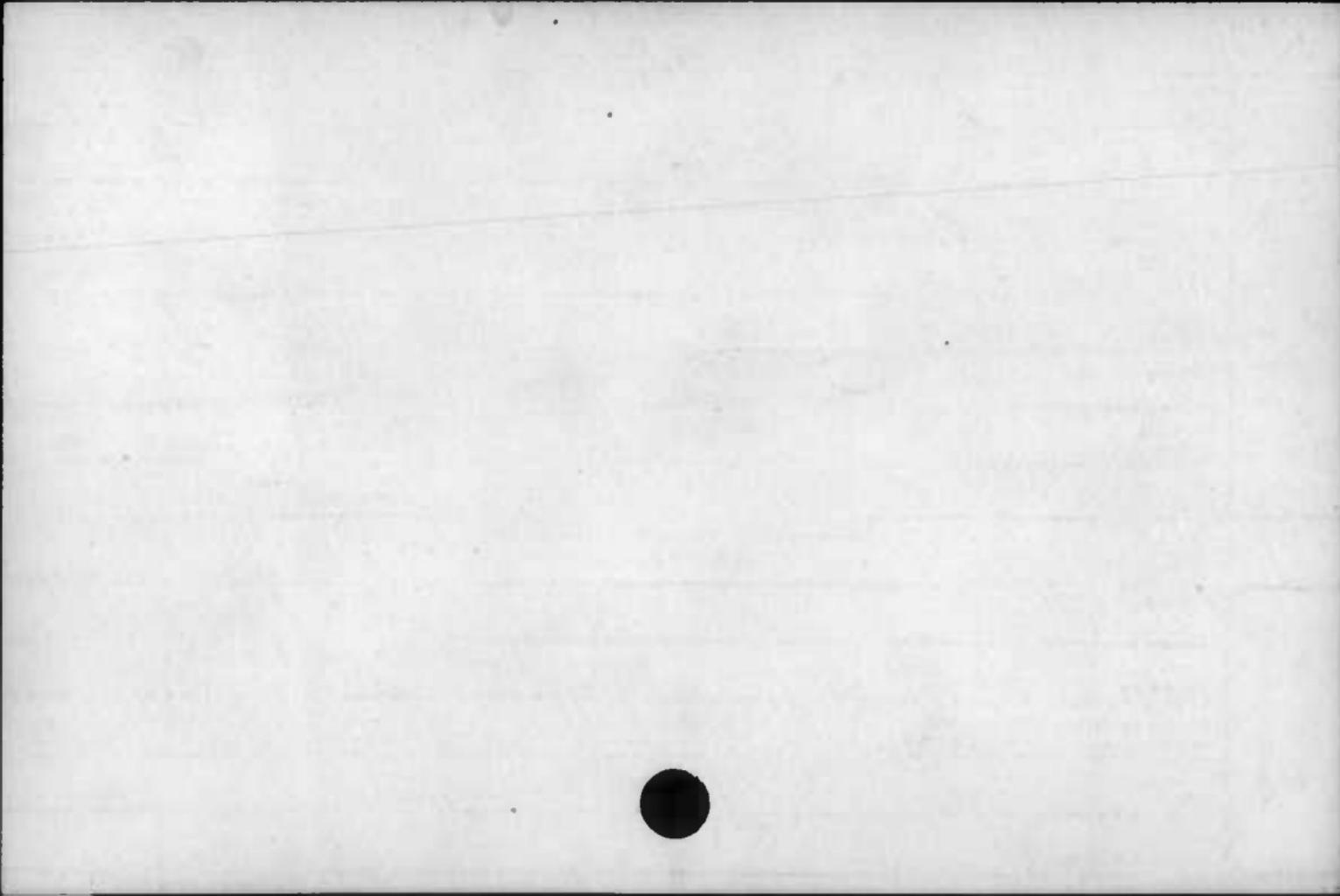
CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month July	Day 9	Years 77	Months 3	Days 8	
Sex	Male	Color or Race	yes	Birth-place	Salisbury		
Occupation	General labor		Where Residing if not at place of death	122ithorne St			
Married, Single or Widowed	Yes.	Name of Wife or Husband	Elizabeth Lafield				
Father's Name	Charles Eliot		Father's Birthplace	Well:			
Mother's Maiden Name	Luis "		Mother's Birthplace				
Name of person giving Information	Elizabeth Lafield		How related to deceased	Wife			
CAUSES OF DEATH							
Primary	Tuberculosis Gangrene			142	X		
Immediate	Toxemia						
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. P. Potter			
Gangrene (septic) beginning in small toe of left foot and			Address	Salisbury Md.			
extending to ankle.							

PHYSICIAN  
OR CORONER



Name  
in  
Full

John B. Oliphant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	White	Birth-place	Maryland		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Jucy E. Oliphant	Father's Birthplace	Maryland	
Father's Name	James T. Oliphant					
Mother's Maiden Name	Mary Braysaw					
Name of person giving information	E. M. Oliphant					

CAUSES OF DEATH

27

How long

2 years

How long

40 days

PHYSICIAN  
OR CORONER

Primary

Phthisis

Signature of Physician

Address

Immediate

Obstruction to expectoration

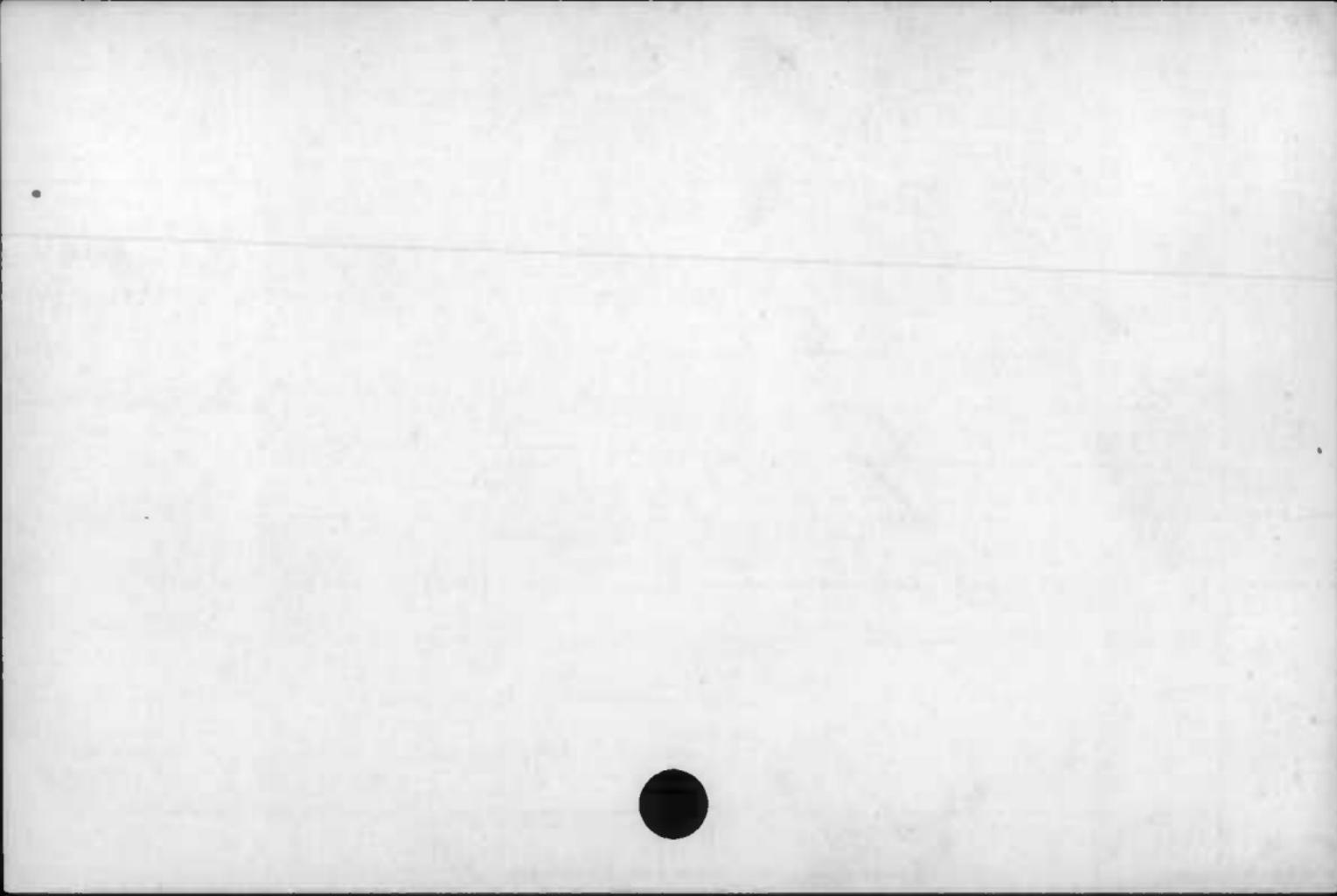
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

James Braysaw

Delaware

Delaware



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James G Parsons  
Town: near Modella Wisconsin

MARYLAND

Died at \_\_\_\_\_  
Date of death 1909 Month 7 Day 12 Years — Months 4 Days 16  
Sex Male Color or Race White Birth-place Wisconsin

Where Residing if not  
at place of death

Married, Single  
or Widowed —

Name of Wife or  
Husband —

Father's  
Name

James Parsons

Father's  
Birthplace

Del

Mother's  
Maiden Name

Eunice Kennedy

Mother's  
Birthplace

Md.

Name of person giving  
Information

James Parsons

How related  
to deceased

Father

CAUSES OF DEATH

Primary

179

X

Immediate

Marasmus

How long 3 1/2 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

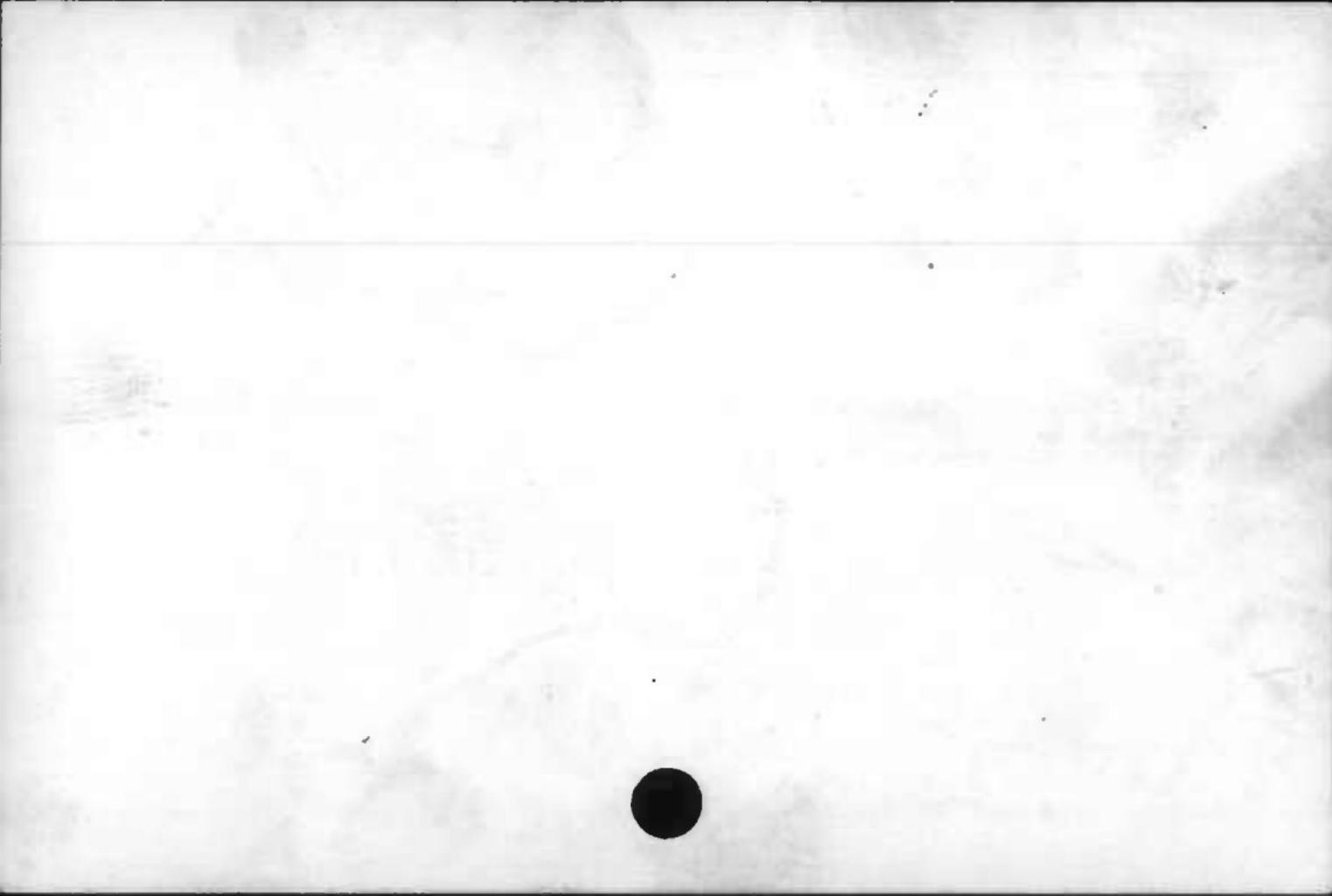
Address

H. C. Connaway

Hebron

Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Johnson Powell

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date

Month

Day

Year

Months

Days

of death 1909

July

12<sup>th</sup>

Age

31

8

2

Sex Female

Color or  
Race

White

Birth-  
place

Maryland.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Lambert J. Powell

Father's  
Name

Benjamin C. Johnson

Father's  
Birthplace

Near Snow Hill Md.

Mother's  
Maiden Name

Margaret A. Truitt

Mother's  
Birthplace

" " "

Name of person giving  
Information

Geo. S. Johnson

How related  
to deceased

Brother

(of Pregnancy)

CAUSES OF DEATH

Primary

Toxaemia Vomiting

134

How long

3 days

Immediate

Toxaemia heart failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

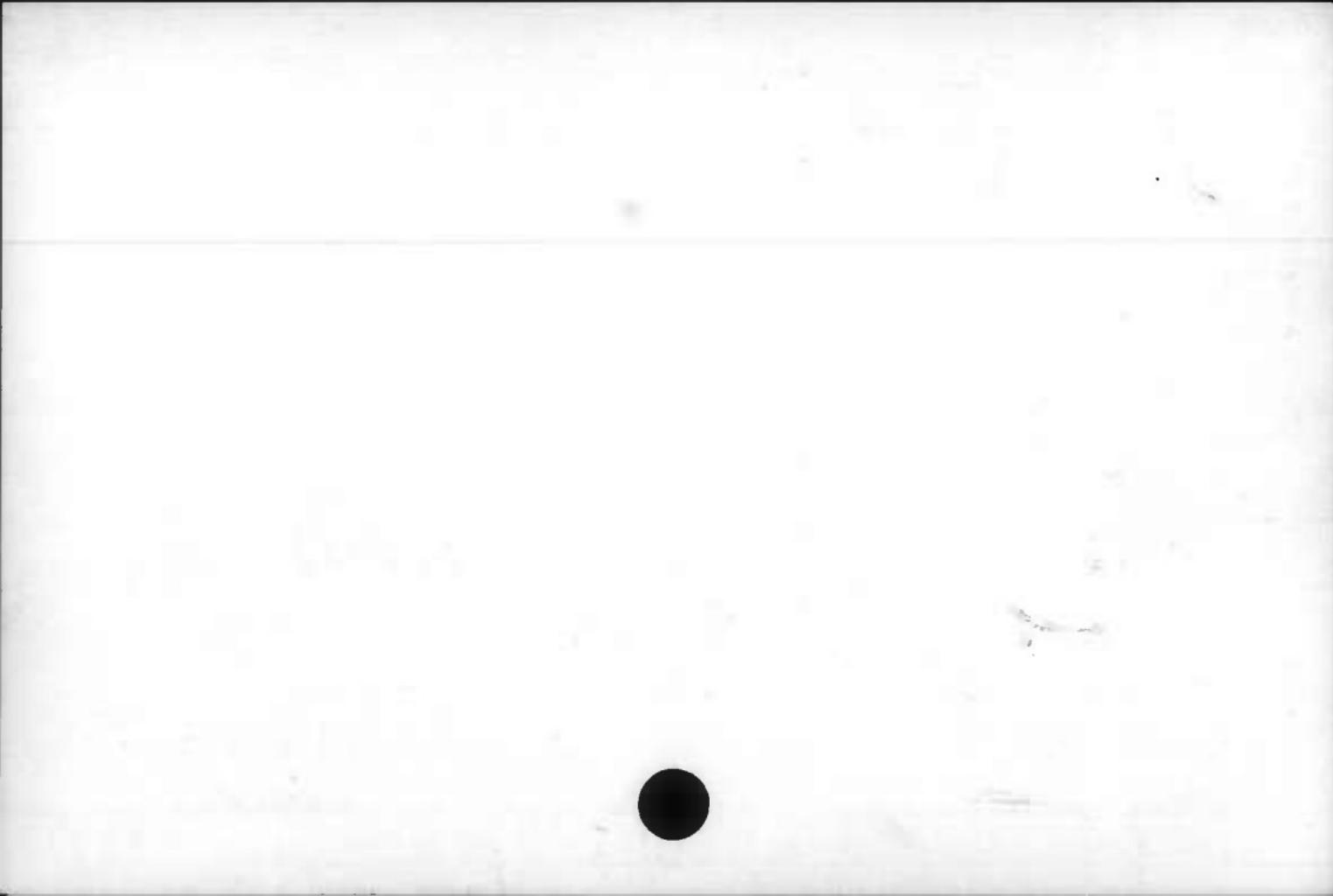
yes

Signature of  
Physician

Address

Louis W. Morris M.D.  
Salisbury Md.

Accident or Suicide



Name  
in  
Full

Infant

Powell

## **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Still Died at	Born at <u>Salisbury</u>		County	<u>Wicomico</u>		<b>MARYLAND</b>
Date of death <u>1909</u>	Month <u>July</u>	Day <u>12</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Age				
Occupation <u>None</u>	Where Residing if not at place of death					<u>Salisbury Md.</u>
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>Lambert J. Powell</u>				Father's Birthplace <u>Wicomico Co. Md.</u>		
Mother's Maiden Name <u>Annii Johnson</u>				Mother's Birthplace <u>Near Snow Hill Md.</u>		
Name of person giving Information <u>Lambert J. Powell</u>				How related to deceased <u>Father</u>		

PHYSICIAN  
ECONOMICS

## Primary

Accouchement force  
still born

### Immediata

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

### **Address**

### **Accident or Suicide**

OFFICE SUPPLY CO. 5-20-08



Name  
in  
Full

Clara May Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Salisbury		Wicomico	Month	Days
Date of death	Month	Day	Year	
1909	July	11 <sup>th</sup>	Age	22
Sex	Female	Color or Race	Birth-place	Wicomico Co., Md.
Occupation	Bookkeeper	Where Residing if not at place of death	Salisbury, Md.	
Married, Single or Widowed	Single	Name of Wife or Husband	None	
Father's Name	Josiah E. Powell			
Mother's Maiden Name	Sallie M. Brittingham			
Name of person giving Information	Ida K. Powell			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

Immediate

Toxæmia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lou A. Recom. M.D.

Salisbury, Md.

Accident or Suicide

(1) X

How long

2 weeks or more  
several days

How long

several days



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Town	County			MARYLAND	
Died at	Month	Day	Years	Month	Days
Date of death 1909	July	9	Age 40	11	10
Sex	Female	Color or Race		Birth-place	Dela
Occupation	Where Residing if not at place of death			Salisbury	
Married, Single or Widowed	Name of Wife or Husband			Thomas Thompson	
Father's Name	A. B. Adams			Father's Birthplace	Dela
Mother's Maiden Name	Eliza Adams			Mother's Birthplace	Dela
Name of person giving Information	Edward Thompson Son			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

X

Immediate

Pneumia

Are the name, age, sex, color, date  
and place correctly given above?

yes

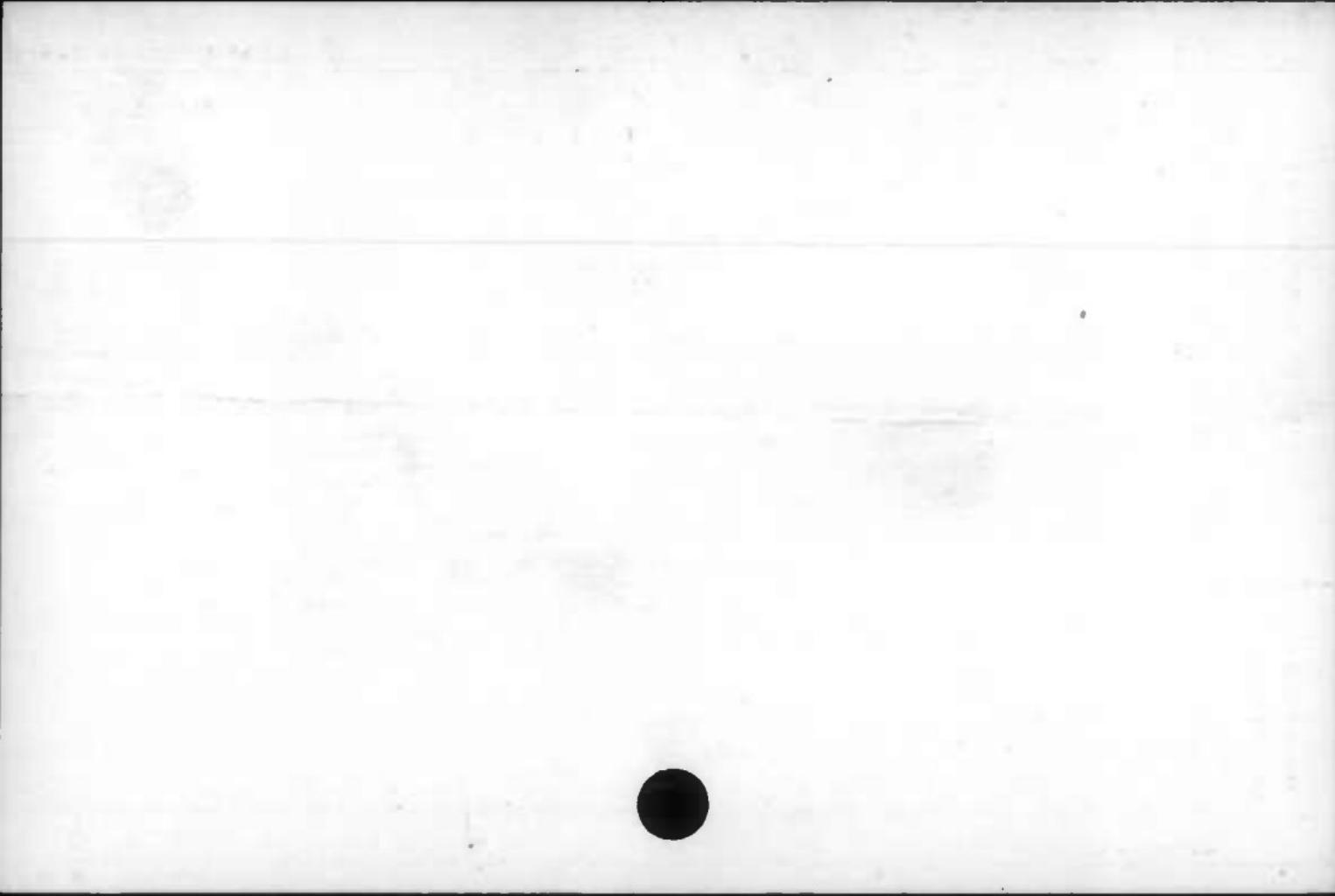
Signature of  
Physician

Address

D. B. Potter

Salisbury  
Md.

Accident or Suicide



Name  
in  
Full

John H. Willing

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Nanticoke		County Wicomico		MARYLAND	
Date of death 1909	Month July	Day 19	Age 69	Months 2	Days 4
Sex Male	Color or Race white	Birth- place Nanticoke MD			
Occupation carrying	Where Residing if not at place of death at home				
Married, Single or Widowed Married	Name of Wife or Husband Georganna Willing		Father's Name William Willing	Father's Birthplace Nanticoke MD	
Mother's Maiden Name Rachel Robertson			Mother's Birthplace "		
Name of person giving Information Milburn F. Farmer	How related to deceased nephew.				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Angina Pectoris

80

X

Immediate

Cardiac spasm

How long

5 years.

Are the name, age, sex, color, date  
and place correctly given above?

yes!

Signature of  
Physician

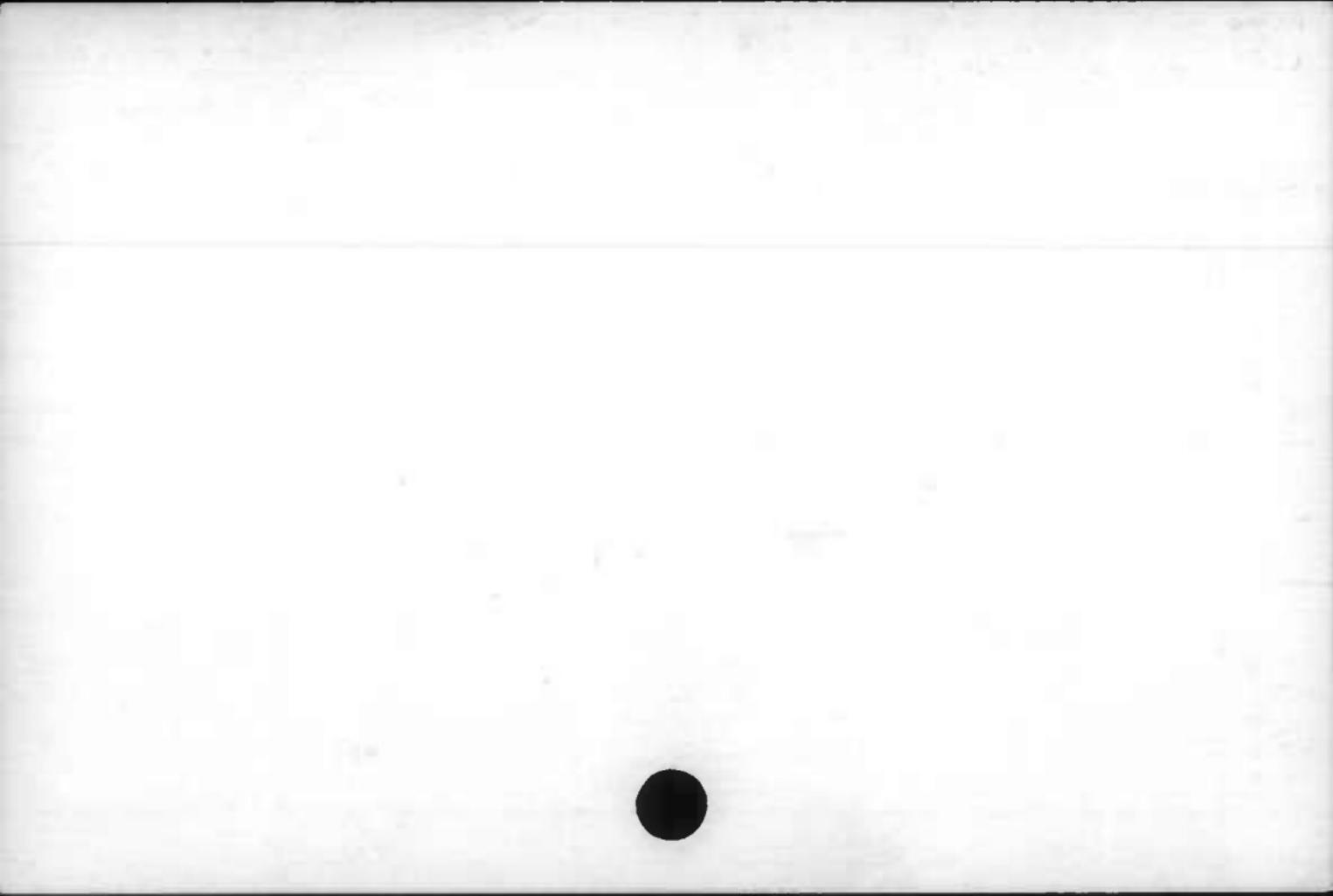
Address

Edward E. Lamkin.

DR. EDWARD E. LAMKIN,

NANTICOKE, MD.

Accident or Suicide



Name  
in  
Full

Major Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County			
Diad at	The P.G. Hospital	Salisbury	Wicomico	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	27	Age	61	
Sex	Male	Color or Race	Black	Birth-place	Virginia
Occupation	Laborer				
Married, Single or Widowed	Where Residing if not at place of death				
Dont know	Parksley Va.				
Father's Name	Name of Wife or Husband				
Not known					
Mother's Maiden Name	Father's Birthplace				
Not known	Mother's Birthplace				
Name of person giving Information	How related to deceased				
Miss Allison Matron of P.G.H.	None				

CAUSES OF DEATH

Primary

Acute Cystitis

Immediate

Wraunig

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

123

X

New long

6 week

for him

How long

Dr. Madrix  
Salisbury Md

as obtainable

Accident or Suicide

200

